Brown (SC)
Brown-Waite, Ginny
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cannon
Cantor
Capito
Carter
Castle
Chabot
Chocola
Coble
Cole
Collins
Cox
Crane
Crenshaw
Cubin
Culberson
Cunningham
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeLay
DeMint
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Dreier
Dunn
Ehlers
Emerson
English
Everett
Feeney
Ferguson
Flake
Fletcher
Foley
Forbes
Fossella
Franks (AZ)
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gilchrest
Gillmor
Gingrey
Goode
Goodlatte
Goss
Granger
Graves
Green (WI)
Greenwood
Gutknecht
Harris
Hart
Hastert
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hobson
Hoekstra
Hostettler
Houghton
Hulshof
Hunter
Hyde
Isakson
Issa
Istook
Janklow
Jenkins
Johnson, Sam
Jones (NC)
Keller
Kelly
Kennedy (MN)
King (IA)
King (NY)
Kingston
Kirk
Kline
Knollenberg
Kolbe
LaHood
Latham
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Manzullo
McCotter
McCrery
McHugh
McInnis
McKeon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy
Musgrave
Myrick
Nethercutt
Neugebauer
Ney
Northup
Norwood
Nunes
Nussle
Osborne
Ose
Otter
Oxley
Pearce
Pence
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pombo
Porter
Portman
Pryce (OH)
Putnam
Quinn
Radanovich
Regula
Rehberg
Renzi
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Royce
Ryan (WI)
Ryun (KS)
Saxton
Schrock
Sensenbrenner
Sessions
Shadegg
Shaw
Sherwood
Shimkus
Shuster
Simpson
Smith (MI)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Sweeney
Tancredo
Tauzin
Taylor (NC)
Terry
Thomas
Thornberry
Tiahrt
Tiberi
Toomey
Turner (OH)
Upton
Vitter
Walden (OR)
Wamp
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Young (AK)
Young (FL)

NOES—216

Abercrombie
Ackerman
Alexander
Allen
Andrews
Baca
Baird
Baldwin
Ballance
Becerra
Bell
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boswell
Boucher
Boyd
Brady (PA)
Brown (OH)
Brown, Corrine
Capps
Capuano
Cardin
Cardoza
Carson (IN)
Carson (OK)
Case
Clay
Clyburn
Conyers
Cooper
Costello
Cramer
Crowley
Cummings
Davis (AL)
Davis (CA)
Davis (FL)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Doggett
Dooley (CA)
Doyle
Duncan
Edwards
Emanuel
Engel
Eshoo
Etheridge
Evans
Farr
Fattah
Filner
Ford
Frank (MA)
Frelinghuysen
Frost
Gonzalez
Gordon
Green (TX)
Grijalva
Gutierrez
Hall
Harman
Hastings (FL)
Hill
Hinchey
Hinojosa
Hoeffel
Holden
Holt
Honda
Hooley (OR)
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Jefferson
John
Johnson (CT)
Johnson (IL)
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kennedy (RI)
Kildee
Kilpatrick
Kind
Kleczka
Kucinich
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
LaTourette
Leach
Lee
Levin
Lewis (GA)
Lipinski
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Lynch
Majette
Maloney
Markey
Marshall
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McDermott
McGovern
McIntyre
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Michaud
Millender-McDonald
Miller (NC)
Miller, George
Mollohan
Moore
Moran (VA)
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Paul
Payne
Pelosi
Peterson (MN)
Pomeroy
Price (NC)
Rahall
Ramstad
Rangel
Reyes
Rodriguez
Ross
Rothman
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sabo
Sanchez, Linda T.
Sanchez, Loretta
Sanders
Sandlin
Schakowsky
Schiff
Scott (GA)
Scott (VA)
Serrano
Shays
Sherman
Simmons
Skelton
Slaughter
Smith (WA)
Snyder
Solis
Spratt
Stark
Stenholm
Strickland
Stupak
Tanner
Tauscher
Taylor (MS)
Thompson (CA)
Thompson (MS)
Tierney
Towns
Turner (TX)
Udall (CO)
Udall (NM)
Van Hollen
Velazquez
Visclosky
Walsh
Waters
Watson
Watt
Waxman
Weiner
Wexler
Woolsey
Wu
Wynn

NOT VOTING—2

Gephardt
Pastor

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SIMPSON) (during the vote). Members are advised there are 2 minutes remaining in this vote.

□ 0057

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

□ 0100

ANNOUNCEMENT OF INTENTION TO OFFER MOTION TO INSTRUCT CONFEREES ON H.R. 1308, TAX RELIEF, SIMPLIFICATION, AND EQUITY ACT OF 2003

Ms. SOLIS. Mr. Speaker, subject to clause 7(c) of rule XXII, I announce my intention to offer a motion to instruct on H.R. 1308. The form of the motion is as follows:

Mr. Speaker, I move that the managers on the part of the House in the conference on the disagreeing votes of the two Houses on the House amendment to the Senate amendment to H.R. 1308 be instructed as follows:

1. The House conferees shall be instructed to include in the conference report the provision of the Senate amendment (not included in the House amendment) that provides immediate payments to taxpayers receiving an additional credit by reason of the bill in the manner as other taxpayers were entitled immediate payments under the Jobs and Growth Tax Relief Reconciliation Act of 2003.

2. The House conferees shall be instructed to include in the conference report the provision of the Senate amendment (not included in the House amendment) that provides families of military personnel serving in Iraq, Afghanistan, and other combat zones a child credit based on the earnings of the individuals serving in the combat zone.

3. The House conferees shall be instructed to include in the conference report all of the other provisions of the Senate amendment and shall not report back a conference report that includes additional tax benefits not offset by other provisions.

4. To the maximum extent possible within the scope of conference, the House conferees shall be instructed to include in the conference report other tax benefits for military personnel and the families of the astronauts who died in the Columbia disaster.

5. The House conferees shall, as soon as practicable after the adoption of this motion, meet in open session with the Senate conferees and the House conferees shall file a conference report consistent with the preceeding provisions of this instruction, not later than the second legislative day after adoption of this motion.

The SPEAKER pro tempore (Mr. LAHOOD). The gentlewoman's statement will appear in the record.

PHARMACEUTICAL MARKET ACCESS ACT OF 2003

Mr. TAUZIN. Mr. Speaker, pursuant to House Resolution 335, I call up the bill (H.R. 2427) to authorize the Secretary of Health and Human Services to promulgate regulations for the reimportation of prescription drugs, and for other purposes, and ask for its immediate consideration.

The Clerk read the title of the bill.

The text of H.R. 2427 is as follows:

H.R. 2427

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Pharmaceutical Market Access Act of 2003''.

SEC. 2. FINDINGS.

The Congress finds as follows:

(1) Americans unjustly pay up to 1000 percent more to fill their prescriptions than consumers in other countries.

(2) The United States is the world's largest market for pharmaceuticals yet consumers still pay the world's highest prices.

(3) An unaffordable drug is neither safe nor effective. Allowing and structuring the importation of prescription drugs ensures access to affordable drugs, thus providing a level of safety to American consumers they do not currently enjoy.

(4) According to the Congressional Budget Office, American seniors alone will spend $1.8 trillion dollars on pharmaceuticals over the next ten years.

(5) Allowing open pharmaceutical markets could save American consumers at least $635 billion of their own money each year.

SEC. 3. PURPOSES.

The purposes of this Act are as follows:

(1) To give all Americans immediate relief from the outrageously high cost of pharmaceuticals.

(2) To reverse the perverse economics of the American pharmaceutical markets.

(3) To allow the importation of drugs only if the drugs and the facilities where they are manufactured are approved by the Food and Drug Administration, and to exclude pharmaceutical narcotics.

(4) To require that imported prescription drugs be packaged and shipped using counterfeit-resistant technologies approved by

the Bureau of Engraving and Printing (technologies similar to those used to secure United States currency).

SEC. 4. IMPORTATION OF PRESCRIPTION DRUGS.

Section 804 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 384) is amended—

(1) in subsection (a)—

(A) by striking ''The Secretary'' and inserting ''Not later than 180 days after the date of the enactment of the Pharmaceutical Market Access Act of 2003, the Secretary''; and

(B) by striking ''pharmacists and wholesalers'' and inserting ''pharmacists, wholesalers, and qualifying individuals'';

(2) in subsection (b)—

(A) by amending paragraph (1) to read as follows:

''(1) require that each covered product imported pursuant to such subsection complies with sections 501, 502, and 505, and other applicable requirements of this Act; and'';

(B) in paragraph (2), by striking '', including subsection (d); and'' and inserting a period; and

(C) by striking paragraph (3);

(3) in subsection (c), by inserting ''by pharmacists and wholesalers (but not qualifying individuals)'' after ''importation of covered products'';

(4) in subsection (d)—

(A) by striking paragraphs (3) and (10);

(B) in paragraph (5), by striking '', including the professional license number of the importer, if any'';

(C) in paragraph (6)—

(i) in subparagraph (C), by inserting ''(if required under subsection (e))'' before the period;

(ii) in subparagraph (D), by inserting ''(if required under subsection (e))'' before the period; and

(iii) in subparagraph (E), by striking ''labeling'';

(D) in paragraph (7)—

(i) in subparagraph (A), by inserting ''(if required under subsection (e))'' before the period; and

(ii) by amending subparagraph (B) to read as follows:

''(B) Certification from the importer or manufacturer of such product that the product meets all requirements of this Act.''; and

(E) by redesignating paragraphs (4) through (9) as paragraphs (3) through (8), respectively;

(5) by amending subsection (e) to read as follows:

''(e) TESTING.—

''(1) IN GENERAL.—Subject to paragraph (2), regulations under subsection (a) shall require that testing referred to in paragraphs (5) through (7) of subsection (d) be conducted by the importer of the covered product, unless the covered product is a prescription drug subject to the requirements of section 505B for counterfeit-resistant technologies.

''(2) EXCEPTION.—The testing requirements of paragraphs (5) through (7) of subsection (d) shall not apply to an importer unless the importer is a wholesaler.'';

(6) in subsection (f), by striking ''or designated by the Secretary, subject to such limitations as the Secretary determines to be appropriate to protect the public health'';

(7) in subsection (g)—

(A) by striking ''counterfeit or''; and

(B) by striking ''and the Secretary determines that the public is adequately protected from counterfeit and violative covered products being imported pursuant to subsection (a)'';

(8) in subsection (i)(1)—

(A) by amending subparagraph (A) to read as follows:

''(A) IN GENERAL.—The Secretary shall conduct, or contract with an entity to conduct, a study on the imports permitted pursuant to subsection (a), including consideration of the information received under subsection (d). In conducting such study, the Secretary or entity shall evaluate the compliance of importers with regulations under subsection (a), and the incidence of shipments pursuant to such subsection, if any, that have been determined to be misbranded or adulterated, and determine how such compliance contrasts with the incidence of shipments of prescription drugs transported within the United States that have been determined to be misbranded or adulterated.''; and

(B) in subparagraph (B), by striking ''Not later than 2 years after the effective date of final regulations under subsection (a),'' and inserting ''Not later than 18 months after the date of the enactment of the Pharmaceutical Market Access Act of 2003,'';

(9) in subsection (k)(2)—

(A) by redesignating subparagraphs (D) and (E) as subparagraphs (E) and (F), respectively; and

(B) by inserting after subparagraph (C) the following:

''(D) The term 'qualifying individual' means an individual who is not a pharmacist or a wholesaler. ''; and

(10) by striking subsections (l) and (m).

SEC. 5. USE OF COUNTERFEIT-RESISTANT TECHNOLOGIES TO PREVENT COUNTERFEITING.

(a) MISBRANDING.—Section 502 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 352; deeming drugs and devices to be misbranded) is amended by adding at the end the following:

''(w) If it is a drug subject to section 503(b), unless the packaging of such drug complies with the requirements of section 505B for counterfeit-resistant technologies.''.

(b) REQUIREMENTS.—Title V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) is amended by inserting after section 505A the following:

''SEC. 505B. COUNTERFEIT-RESISTANT TECHNOLOGIES.

''(a) INCORPORATION OF COUNTERFEIT-RESISTANT TECHNOLOGIES INTO PRESCRIPTION DRUG PACKAGING.—The Secretary shall require that the packaging of any drug subject to section 503(b) incorporate—

''(1) overt optically variable counterfeit-resistant technologies that are described in subsection (b) and comply with the standards of subsection (c); or

''(2) technologies that have an equivalent function of security, as determined by the Secretary.

''(b) ELIGIBLE TECHNOLOGIES.—Technologies described in this subsection—

''(1) shall be visible to the naked eye, providing for visual identification of product authenticity without the need for readers, microscopes, lighting devices, or scanners;

''(2) shall be similar to that used by the Bureau of Engraving and Printing to secure United States currency;

''(3) shall be manufactured and distributed in a highly secure, tightly controlled environment; and

''(4) should incorporate additional layers of non-visible covert security features up to and including forensic capability.

''(c) STANDARDS FOR PACKAGING.—

''(1) MULTIPLE ELEMENTS.—For the purpose of making it more difficult to counterfeit the packaging of drugs subject to section 503(b), manufacturers of the drugs shall incorporate the technologies described in subsection (b) into multiple elements of the physical packaging of the drugs, including blister packs, shrink wrap, package labels, package seals, bottles, and boxes.

''(2) LABELING OF SHIPPING CONTAINER.—Shipments of drugs described in subsection (a) shall include a label on the shipping container that incorporates the technologies described in subsection (b), so that officials inspecting the packages will be able to determine the authenticity of the shipment. Chain of custody procedures shall apply to such labels and shall include procedures applicable to contractual agreements for the use and distribution of the labels, methods to audit the use of the labels, and database access for the relevant governmental agencies for audit or verification of the use and distribution of the labels.''.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair would remind Members who are speaking to remove the yellow tags from their lapel.

Pursuant to House Resolution 335, the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Michigan (Mr. DINGELL) each will control 30 minutes.

The Chair recognizes the gentleman from Louisiana (Mr. TAUZIN).

Mr. TAUZIN. Mr. Speaker, I ask unanimous consent that the gentleman from Minnesota (Mr. GUTKNECHT) be permitted to control 15 minutes of the debate time allocated to me.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Louisiana?

There was no objection.

Mr. DINGELL. Mr. Speaker, I ask unanimous consent that the gentleman from Ohio (Mr. BROWN) be permitted to control 15 minutes of the time allocated to me.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

GENERAL LEAVE

Mr. TAUZIN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 2427.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Louisiana?

There was no objection.

Mr. TAUZIN. Mr. Speaker, I yield myself 2½ minutes.

Mr. Speaker, I join my colleague, the ranking member of our committee, the gentleman from Michigan (Mr. DINGELL), in opposing this bill because it is dangerous.

This week the gentleman from Michigan (Mr. DINGELL) and I and all of the members of the Committee on Energy and Commerce had to face a horrible realization: This week we faced the parents of Steve Bechler, the 23-year-old pitcher for the Baltimore Orioles, who died of a heart attack at that young age taking ephedra tablets, tablets which we in 1994 voted to exempt from FDA safety regulations. I have got that on my conscience now. In 1994, you and I decided, those of you who were here with me, that safety did not matter when it came to ephedra.

Mr. Speaker, as the Justice Department criminal investigations are under way and as our own Committee's investigation is under way, we learned this week that over 17,000 serious events

have occurred as a result of the use of unregulated ephedra; young athletes, young people, dying, suffering strokes, heart attacks, like Steve Bechler, because we voted in 1994 to say that safety did not count when it came to ephedra.

And with this bill tonight, its authors I know well-intentioned, angry at the price of drugs in America, angry at Canada because they impose price controls that take advantage of our citizens, angry at those trade laws that let it happen, they are asking us tonight to do exactly what we did in 1994, to vote for a bill that says safety does not matter when it comes to drugs, that safety does not really count; that we are going to repeal tonight, if they get their way, the language that is in the law that says that FDA must certify the safety of any drugs that are imported into this country; to take away the language that says FDA must do those things appropriate to ensure that the drug supply in this country is never compromised; that bogus, counterfeit, diluted, old, rotten drugs are not permitted into this country.

I voted wrong in 1994. I am not going to vote wrong tonight. I will never vote to compromise safety again in the use of drugs or products for our young people and our old people and our citizens.

Tonight we will learn about those rotten drugs that are coming into this country from Canada, yes, and from a lot of other countries, transhipped through Canada. We will have the smoking gun for tonight to show what is about to happen if we open the door to that awful problem.

I urge Members, vote against this bill.

Mr. DINGELL. Mr. Speaker, I yield myself 3½ minutes.

(Mr. DINGELL asked and was given permission to revise and extend his remarks.)

Mr. DINGELL. Mr. Speaker, this is a bad bill. On its face it would appear to be a good bill. It is not. It will allow this country to be flooded with unsafe, counterfeit drugs; drugs that will not do what they should; drugs that are unsafe; drugs that will kill the American people. I tell Members, it is a bad bill, and I ask them to remember the experiences that were reported by my colleague from Louisiana.

This bill would reduce the capacity of the Food and Drug Administration to protect our people from unsafe prescription pharmaceuticals, which will begin to flood the country if and when it is passed.

H.R. 2427 is a prescription for trouble. They open our borders. They provide millions of Americans with access to perhaps drugs which are cheaper, but drugs which are unsafe and which evade the responsibility and the ability of Food and Drug to protect the American people.

Mr. Speaker, do not take my word for that. Listen to what the health care professionals and regulators say.

The American Medical Association says, ''We believe H.R. 2427 would be so dangerous to patient safety that we must oppose it. This legislation would eliminate most of the important restrictions on reimportation of pharmaceuticals in current law and replace them with a system of unverifiable and unsafe provisions.''

The National Medical Association has said, ''This legislation would result in counterfeit, adulterated, and dangerous drugs entering the United States. We do not believe that H.R. 2427 should be enacted at the risk of jeopardizing patient safety.''

The American Osteopathic Association says, ''H.R. 2427, while increasing the possible number of drugs reimported into the United States, does nothing to ensure the safety and efficacy of these drugs. There is no bargain to be found for our patients who purchase drugs that are ineffective or contaminated.''

The Food and Drug Administration says, ''H.R. 2427 would authorize the importation of prescription drugs from foreign sources without adequate assurances that such products are safe and effective. H.R. 2427 creates a wide channel for large volumes of unapproved drugs and other products to enter the United States that are potentially injurious to public health and pose a threat to the security of our Nation's drug supply. The bill would do so by taking unprecedented steps that limit FDA's authority to assure the safety of prescription drug products to be used by American consumers.''

Mr. Speaker, this will enable foreign manufacturers to import into Canada for reimportation into the United States tons of counterfeit foreign drugs, drugs which are ineffective, over-age, unsafe, unregulated and improperly manufactured in ways which will offer threats to the United States, to our citizens and to the people who are looking to you to see to it that their food, drugs and cosmetics are safe.

Mr. Speaker, let us look at it. Foreigners are going to use this device to enter Canada to sell unsafe drugs to the American people. Do not deceive yourself to think that any one of those importers will be bound by any requirements of American law or that they will, in fact, sell those drugs at less price. They will simply sell them at U.S. market prices, and you are going to have on your hands the possibility that you have voted to injure, sicken, hurt or kill the American people by allowing the importation of unsafe drugs.

RECENT COUNTERFEITS

COUNTERFEIT LIPITOR

Lipitor, a cholesterol-lowering medicine, is used by 11 million Americans each year to help prevent serious heart disease. Last month, according to FDA, a large quantity of fake Lipitor entered the U.S. market. The product was imported to the U.S. and repackaged here, for sale to distributors and pharmacies. To date, FDA and Lipitor manufacturer Pfizer have recalled 200,000 bottles of this dangerous phony product.

FAKE AND MISLABELED ZERIT

Counterfeit Zerit, a medication to treat HIV infection, was first discovered in 1997. According to the real manufacturer, Bristol-Myers Squibb, this not only was not its authentic product, but the labels incorrectly told consumers they were taking 30 mg, when in fact the capsules inside the bottles allegedly contained 40 mg of the active ingredient. Patients were exposed both to a product of unknown origin and the dangerous possibility of an overdose.

PHONY CLARITHROMYCIN

This antibiotic, called Biaxin, is used to treat infections such as pneumonia, bronchitis, and ear infections—including infections in children. Recently, according to the drug's manufacturer, Abbott, counterfeit Biaxin, containing absolutely no active ingredient, has been found in Russia (where counterfeits make up 15 percent of the prescription drug market). Because the legal system in Russia makes pursuit and punishment of these counterfeiters difficult, these dangerous products remain available in Russia as well as for export to other lucrative markets like the U.S.

COUNTERFEIT NEURONTIN, ACCUPRIL, AND CELEBREX

Counterfeits of these Pfizer products—Neurontin, for seizures in children 3 and older and adults and for treating shingles pain in adults; Accurpril, for high blood pressure; and Celebrex, for treating debilitating arthritis pain—have recently been found in California, at a company called NuCare Pharmaceuticals. Laboratory analysis confirmed no active ingredient in any of the tablets, which actually were vitamins. Neither the origin of the bottles nor the disposition of the original medications is known.

FAKE ALLEGRA

Fexofenadine, an important active ingredient in products to treat allergies, is sold under the name Allegra in the U.S. Recently, security personnel of the product manufacturer, Aventis, ordered Allegra from an internet site purported to be based in the UK. The product shipped was one called Telfast, a fexofenadine product sold in other countries, but not approved by the U.S. FDA. Furthermore, a stick-on label indicated an expiration date of 1/03; the product actually had expired in 1/02. Finally, although the web site appeared to be promising products from a ''safe'' country in the UK, this product came not from the UK but from Vanuatu, an island off the coast of New Zealand well known for businesses trafficking in illegitimate prescription drugs destined for the U.S.

FAKE LOSEC

Losec (omeprazole), a treatment for ulcers and other gastric conditions, is sold in the U.S. as Prilosec. A generic version of Prilosec is also on the market in the U.S. Counterfeit Prilosec, according to its manufacturer AstraZeneca, was manufactured in an underground facility and distributed through an affiliated wholesaler. The counterfeiter boasted that the copies were sufficiently clever to avoid detection by the government and, in fact, only AstraZeneca had the technical information necessary to determine this product was a fake.

COUNTERFEIT MONOPRIL

Fakes of this high-blood-pressure medication were discovered earlier this year by the LA County Sheriff's Office. The counterfeit operation was uncovered after a local printing company contacted the sheriff to report a suspicious order for thousands of drug product labels. The product, vitamins substituted for the real pills, bottle caps, and seals were all counterfeit. Arrested individuals were owners of prescription drug diversion businesses in Canada, Europe, and Asia. Many other drugs found in the LA raid were

expired or fake, then repackaged, relabeled, and sold to American doctors and pharmacies.

COUNTERFEITS FROM INDIA

According to FDA, an American patient ordered product from an internet site promising ''Canadian drugs manufactured in the U.S.'' The drug he appears to have needed was a seizure medication called gabapentin. What he received was a knock-off from India, labeled ''Gabantin.'' What IS ''gabantin?'' Only the counterfeiter in India, and the so-called ''Canadian'' on-line pharmacy knows. The patient was the unwitting dupe.

COUNTERFEIT PROCRIT

Epoetin alpha, marketed as Procrit, treats anemia in patients with chronic kidney disease, HIV, and cancer. The first discovery of counterfeit Procrit was made in 2002; subsequent discoveries followed. The counterfeit, of unknown origin, has been found at two large wholesalers and a number of retail outlets. The counterfeit, some with 20 times less active ingredient than the real drug and some with no active ingredient but bacteria-contaminated water, appeared identical with the authentic product. Sophisticated anti-counterfeiting technology used on this product failed to challenge the ingenuity of the counterfeiters, who quickly learned to mimic it.

FAKE CRIXIVAN, PEPCIDINE, ZOROXIN, AND ZOCOR

According to Merck, the manufacturer of these products, substantial quantities of counterfeits were found in a police raid on a home in Bogota, Columbia. In addition to these products, the home possessed many other counterfeits. English language labeling suggested the final destination for many; unwary U.S. patients.

Mr. BROWN of Ohio. Mr. Speaker, I yield 2 minutes to the gentlewoman from Connecticut (Ms. DELAURO), who knows that the drug industry imports $15 billion worth of drugs into this country, but then claims that importation is unsafe in order to protect their profits.

Ms. DELAURO. Mr. Speaker, in my 13 years in Congress, no issue has made such a deep impression on my constituents than the rising price of prescription drugs. This is an issue for seniors, but high health care prices are eroding the living standards of middle-class families across this country. We all have a stake in driving drug prices down.

Last week, the Congress of the United States abrogated its responsibility to address the problem of soaring drug prices. It did worse than nothing, barring the government from negotiating lower prices for seniors.

We can strike a blow for lower prices with a simple step, giving ordinary Americans the choice they are taking on their own out of desperation. It should be legal to reimport drugs from some countries. This alone would save Americans $600 billion in the next decade, savings passed directly on to the consumer. We know that this is a safe option. In 2001, U.S. drug companies reimported $14.7 billion worth of brand name medications from their overseas plants.

□ 0115

This legislation guarantees safety. It not only requires that drugs reimported from other countries are FDA-approved, but that the facilities they are manufactured in are rigorously inspected and approved by the FDA as well. Add to that the requirement that all prescription drugs use counterfeit-resistant packaging, which means every drug purchased here in the United States, reimported or otherwise, will be safer than the drugs that are available today.

The FDA's opposition is one more instance of a regulatory agency becoming captive of the industries they are supposed to regulate. There is no safety issue here. This bill would only allow the importation of FDA-approved drugs manufactured in FDA-approved facilities from 26 designated countries, clearly, a superior system to what we have today in the area of food and drug safety both.

The issue is not safety, I say to my colleagues. The issue is price. It is time that this Congress stop acting as a wholly owned subsidiary of the pharmaceutical companies and step up to its responsibility to help the consumers of this Nation.

I urge my colleagues to support this bill.

Mr. GUTKNECHT. Mr. Speaker, I just want to clarify real quickly that nothing in this bill deals with controlled substances like RU486 or morphine, and nothing in this bill would have anything to do with Ephedra.

Mr. Speaker, I am happy to yield 1½ minutes to the gentlewoman from Missouri (Mrs. EMERSON).

Mrs. EMERSON. Mr. Speaker, I want to thank the Speaker of the House for his graciousness in letting us bring this bill to the floor for debate tonight.

And speaking of the leadership in the House, I thought it would be important to all my colleagues for a little clarification. We hear talk about the FDA blasting the Gutknecht bill, saying that it is unsafe. I want my colleagues to know, and it is very important that they know, that in 2000 when we passed the reimportation language that is current statute, that language was written, that statute was written by our leadership, by a person who is now working at the White House, by me, and by the FDA.

My colleagues might remember it passed in the Agriculture appropriations act. The FDA chose the 26 countries where it felt it was safe to import from those countries, because our current drug manufacturers, U.S. manufacturers, are today manufacturing drugs in those facilities that are approved and inspected by the FDA.

It is very important that my colleagues know this. This is the underlying bill of Gutknecht. Plus, we have added extremely high-tech packaging, tamper-resistant, counterfeit-proof packaging. And this is in addition to the safety requirements, the chain of custody that the FDA has written in the underlying bill today.

Mr. TAUZIN. Mr. Speaker, I would point out that the packaging is held by a single company and the bill they have mandates a monopoly. We ought never do this in this country.

Mr. Speaker, I yield 1½ minutes to the gentleman from Florida (Mr. BILIRAKIS), the chairman of the Subcommittee on Health of the Committee on Energy and Commerce.

Mr. BILIRAKIS. Mr. Speaker, this dangerous bill is a legislative Trojan Horse that uses a promising veneer to hide dangerous realities.

I do not have the time to go into all of the reasons why I personally am opposing this legislation, but I want to remind my colleagues that a number of patient advocate organizations dedicated to the health and well-being of our constituents, including the ALS Association, the National Alliance for the Mentally Ill, and the Friends of Cancer Research, and this long list here, and so many others that will not fit on this chart, are joining me in my opposition tonight. They, they consider the issue safety. They consider the issue safety.

Also, the bill, in addition to the devastating impact on patient safety, would adversely affect the ability of our research-driven pharmaceutical and biotechnology industries to develop breakthrough cures for a myriad of devastating diseases.

Many of the solutions to high pharmaceutical prices have already been considered on this floor. They include a meaningful Medicare prescription drug benefit and Hatch-Waxman reforms to ensure quicker access to less costly generic drugs. We also need to find a way to reduce the number of Americans without health insurance. In fact, I recently introduced a bill that would attempt to do just that.

Mr. Speaker, this is a bad bill. It will do more harm than good. I urge my colleagues to do the responsible, the responsible and not the political thing, and that is to defeat H.R. 2427 tonight.

Mr. DINGELL. Mr. Speaker, I yield 1 minute to the distinguished gentleman from New York (Mr. TOWNS), my good friend.

Mr. TOWNS. Mr. Speaker, this is a bad bill. If we vote for this legislation tonight, we are kissing safety regulations good-bye and saying to patients, fend for yourselves in determining what drugs are safe. The FDA will have no oversight responsibility here.

I will admit that I am not qualified to determine what drugs are safe. It takes expertise to distinguish between counterfeit medicines and the genuine article. We rely on our government's health and safety officials like the Food and Drug Administration to keep unsafe drugs out of American medicine cabinets.

It is a mystery to me why anyone would vote for a bill that would prevent our health officials from doing their job. That just blows my mind. And it is a giant step in the wrong direction.

I ask all of my colleagues here tonight to vote against this bill because

safety is a nonpartisan issue. The life you save might be your own.

Mr. BROWN of Ohio. Mr. Speaker, I yield 2½ minutes to the gentlewoman from California (Ms. LEE), who knows the drug industry profits for 20 years running are the highest of any industry in America.

Ms. LEE. Mr. Speaker, let me just thank the gentleman for yielding me this time, and I thank all of my colleagues on this side of the aisle and also our colleagues on the other side of the aisle, especially the gentlewoman from Missouri (Mrs. EMERSON) and the gentleman from Minnesota (Mr. GUTKNECHT) for leading this very important fight for more affordable prescription drugs.

Mr. Speaker, I want to start off tonight by sharing with my colleagues the news from a study which was featured today in the Wall Street Journal. Now, this article begins, ''Black Medicare beneficiaries are more than twice as likely as white beneficiaries to go without a prescription drug because they could not afford it.'' This is a study conducted by the Robert Wood Johnson Foundation. Let me repeat: African Americans are two times more likely to go without needed medicine.

Now, this study goes on to detail the deep disparities in access to drugs, reporting that fully 16 percent of black recipients of Medicare said they could not afford to fill at least one prescription in 2001 compared with 7 percent of whites.

Mr. Speaker, make no mistake, African Americans are suffering disproportionately and mightily under the current laws crafted to protect the drug companies and their inflated prices. And make no mistake, that the suffering will only get worse if we do not pass this bill. And the suffering will last for as long as there is this huge, and I cannot believe this huge, resistance to efforts to reduce the skyrocketing and irrational cost of these lifesaving medicines.

The reality for African Americans and millions of Americans on Medicare is outrageous and shameful, but we have the option tonight to do something about it. We should and we must seize this opportunity to provide lifesaving medicine to millions of Americans who are going without, simply because they cannot afford the bloated costs of drugs. And we should do so by voting to allow, as this bill does, safe, FDA-approved prescription drugs to be reimported into the United States.

Now, much has been said about safety and logistics of reimportation, and I think it is very important to point out that the FDA-approved drugs are already frequently and legally imported into this country, but only by the manufacturers. It is also important to note that more than 1 million Americans already purchase their medicines from outside the United States, and there has not been one reported death or illness from Americans taking such products.

Mr. Speaker, the simple fact is that seniors' drug costs increased 44 percent between 2000 and 2003, with the top 50 drugs prescribed to seniors increasing in cost by 3.5 times the rate of inflation in the last year.

The simple fact is, Americans pay 30 to 300 percent more for medicines than do people in other industrialized countries. We should pass this bill tonight.

Mr. GUTKNECHT. Mr. Speaker, I am happy to yield 1 minute to the gentleman from Connecticut (Mr. SHAYS), the author of the Shays act.

Mr. SHAYS. Mr. Speaker, I thank the gentleman for yielding me this time.

The debate tonight to allow the reimportation of FDA-approved drugs is obviously long overdue. The arguments that Americans will be put at risk and the pharmaceutical industry will be harmed is specious and reminds me of the debate on the use of generic drugs that we had years ago in States throughout America.

Like the reimportation of drugs, the use of generic drugs was illegal and stayed that way for years and years because the pharmaceutical industry opposed it. Like the reimportation of drugs, we were told, generic drugs would harm the pharmaceutical industry and endanger individual Americans. Fortunately, we did not listen to those false arguments then, and we should not listen to them now, as they relate to the importation of FDA drugs. If Canadians, Germans, and others have the ability to buy FDA-approved drugs at a fraction of the cost, then Americans in this day and age should have the same opportunity.

Please vote for H.R. 2427, the Pharmaceutical Market Access Act.

I thank the proponent, the gentleman from Minnesota (Mr. GUTKNECHT) and others, for their efforts and the House leadership for bringing this bill before the chamber.

Mr. TAUZIN. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Pennsylvania (Mr. GREENWOOD), the distinguished chairman of our Subcommittee on Oversight and Investigation.

Mr. GREENWOOD. Mr. Speaker, I thank the gentleman for yielding me this time.

We all want safe and affordable drugs, especially for our senior citizens. And in recent years, as the price of drugs skyrocketed and seniors were without a benefit through Medicare, they became desperate, and many considered it a calculated risk to buy drugs from other countries that were not certified safe by the FDA; and this reimportation legislation grew from that desperation. But today we are on the verge of providing seniors affordable and safe drugs through Medicare. It will happen this fall.

The reimportation bill is now an unnecessary relic. We do not have to trade off safety for affordability. We can offer our seniors both through Medicare, and we ought to.

The risk is real. The gentleman from Florida (Mr. DEUTSCH) and I have been to airports and watched these packages come through, opened up by the Customs people, and what we saw would turn your stomach. Drugs coming from countries all over the world where there is no regulation, drugs that have incalculable content, unknowable safety. We do not need to put our seniors at that risk.

Mr. DINGELL. Mr. Speaker, I yield 2 minutes to the distinguished gentlewoman from California (Ms. ESHOO).

Ms. ESHOO. Mr. Speaker, I thank the distinguished ranking member for yielding me this time.

I rise in opposition to H.R. 2427. Mr. Speaker, I think it is very important for everyone in the House to really understand exactly what this bill will do.

Some think that drug reimportation will dramatically reduce drug costs in the United States. This has never been proven. Secretaries of Health and Human Services for two Presidents have stated that they could not certify that reimportation would actually save Americans money.

Now, minus this guarantee that the bill would ever achieve its primary purpose, I think we are taking huge risks for little or no gain.

Secondly, the bill is dangerously flawed and poses considerable risks to the people that we represent. Current law states that the Secretary of HHS must certify that reimportation will not add risks to the public health. This bill removes that requirement, effectively eliminating our last line of defense against unsafe and illegal pharmaceuticals.

The bill expands reimportation to 25 countries, many of which do not have the regulatory regimes that even remotely, remotely match the FDA.

□ 0130

This is very different from ''Canada only.'' We have the safest drug supply in the world today, and Americans rely on this safety every day. Do we really want to dilute this?

The sponsors of 2427 have said the bill contains numerous provisions that will ensure that drugs reimported into our country are safe. I disagree. The bill purports to only allow reimportation of drugs made in FDA-approved factories, but the bill also eliminates the requirements that reimporters demonstrate who has had custody of a drug since its creation. Now, how can we verify that a drug is made in an FDA-approved facility if we do not even know who had custody of it last?

The bill requires reimporters to test the drugs they are bringing back into the United States to ensure they are legitimate. The results of those tests are to be verified by the FDA. Is there an appropriation to this bill to fund the added mandate to the FDA? There is not.

The bill requires counterfeit-proof packaging for many of the drugs that will be reimported to the United States. And yet there is not any guarantee that the counterfeit technology

itself will not be counterfeit or tampered with. This is happening in the United States today as we debate this bill. This is an example of a hologram that has been tampered with. You and I would not know the difference. The FDA would. My mother would not.

We have to remember that nearly 20 years ago the gentleman from Michigan (Mr. DINGELL) introduced and passed the prescription drug marketing law. He did so on the heals of a multiyear investigation by oversight and investigations of the Committee on Commerce. We should not give up this safety. What my fear is is that we have so taken for granted the efficacy of pharmaceuticals that we are willing to let it go tonight. Vote against this bill.

Mr. BROWN of Ohio. Mr. Speaker, I yield 2 minutes to the gentleman from Arkansas (Mr. BERRY), who knows that a Federal Government that says it can store nuclear waste for 10,000 years can surely ensure the safety of imported prescription drugs.

Mr. BERRY. Mr. Speaker, I am the only registered pharmacist in this Congress. And I know what I am talking about.

Now, do not confuse safety with the fact that FDA many times just simply does not do its job. Let me tell you what the real danger is. The danger is not getting or not being able to afford the medicine you have to have to stay alive, stay healthy, and have a decent life-style. That is danger.

Now, this safety deal is bogus. I am not even going to tell you how bogus it is. On the front page of Roll Call this morning it says, ''The Food and Drug Administration has formed an unofficial alliance with the pharmaceutical industry to urge House Members to vote today against a bill that could flood the Nation with cheap prescription drugs from Canada and overseas.''

Now, would that not be a tragedy, that our people could afford the medicine that they need? This is a classic, cynical example of crony capitalism. An alliance between the Food and Drug Administration has existed for many years, and the pharmaceutical industry makes them nothing better than common thieves. And if you vote against this bill tonight, just think about what you are going to tell your constituents when you go back and say, I voted to keep your medicine five times more expensive than any place else in the world. I voted to let the pharmaceutical industry continue to rob the old people in this country. You go back and tell them that.

What I have seen here this evening makes me think of that old Southern philosopher, Brother Dave Gardner, who said when you get people down, kick them. It gives them an incentive to rise above themselves.

We were charged by our Founding Fathers with this responsibility, and we will be judged by God Almighty as to how we do it.

Mr. TAUZIN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I would point out that both the American Pharmacists Association and the Arkansas Pharmacists Association have sent letters in strong opposition to this bill.

Mr. Speaker, I yield 1 minute to the gentleman from Indiana (Mr. BUYER).

Mr. BUYER. Mr. Speaker, I am quite bothered that someone would actually come to the floor and denigrate the great minds of the world that come to the only free market, America. And these individuals improve the quality of our life, not only just us, but around the world. This debate needs to be elevated, elevated, because other countries out there who call themselves friends of America are taking advantage of those manufacturers. This is a serious trade issue, and we think we can only address it by addressing price? I do not know where you all went to school. You cannot address it just on price.

This is safety. We have a closed system. When you take that pill, you have trust and confidence that it will do exactly what the label will say.

Somebody brought up the issue of chain of custody. When those drugs end up, and we create a very wide berth and a very wide channel for drugs, we lose that chain of custody. We do not know what it is going to do. You can go to Canada, but it will not have the labeling. This is very serious.

Mr. DINGELL. Mr. Speaker, I yield 2½ minutes to the distinguished gentleman from New York (Mr. MEEKS).

Mr. MEEKS of New York. Mr. Speaker, as we enter this late night, I am reminded of a show: Things that make you say hmmm. When I think of just the title of this bill and what is referred reimportation of drugs, I say hmmm.

Reimportation tries to give the implication that the drugs were manufactured here, gone over, and they are coming back here so, therefore, they are safe. If the issue of safety were not there, what would we be talking about? We are really talking about the reimportation of drugs from many a different country. The FDA, if you just look up at the Web site of the FDA, over the last 5 years they have only inspected labs, labs over the last 5 years. Yet, we say safety is not an issue.

My esteemed colleague from Illinois talked earlier. He said he spoke with the former Secretary of the FDA, Donna Shalala; and she said if the FDA had additional money, maybe they could do this. Well, as indicated, there is no additional appropriations here because the implication is if the FDA does not have the money, they cannot ensure safety of the medicine.

What money will go to the FDA? There is no appropriations to this bill.

Just recently there was a situation that occurred in Florida where 19 individuals were indicted for distributing millions of dollars of counterfeit cancer, AIDS and other drugs. It occurs all over this country. If H.R. 2427 were to pass tonight, this is exactly what the Congress would be encouraging. Yes, we would be encouraging counterfeit drugs, improperly stored drugs, expired drugs, diluted products to enter our borders and to be distributed by qualified individuals, who, when I read the bill, qualified individuals, who they are? They have added, qualified individuals can bring this in, but there is no clear definition of who those qualified individuals are.

Supporting this bill suggests that health and safety warnings, I present, are simply myths. I beg to differ.

I have two pills in my hands. Distinguish between an authentic pill and a counterfeit pill. I ask anybody to just tell me how you, not experts, can determine which is the real one and which one is the counterfeit.

Mr. DINGELL. Mr. Speaker, how much time remains?

The SPEAKER pro tempore (Mr. LAHOOD). The gentleman from Louisiana (Mr. TAUZIN) has 9 minutes. The gentleman from Minnesota (Mr. GUTKNECHT) has 12½ minutes. The gentleman from Michigan (Mr. DINGELL) has 5 minutes. The gentleman from Ohio (Mr. BROWN) has 8½ minutes.

Mr. BROWN of Ohio. Mr. Speaker, I yield 1 minute to the gentleman from Vermont (Mr. SANDERS), who recognizes that 270 Members voted for free trade for Singapore yesterday while many oppose free trade for prescription drugs for American today.

Mr. SANDERS. Mr. Speaker, I became involved in this issue several years ago when I took women who were struggling with breast cancer across the border from Vermont and they were able to purchase the breast cancer drug Tamoxifen for one-tenth of the price that they paid in the United States. Mr. Speaker, tonight we must end the national disgrace of Americans being forced to pay by far the highest prices in the world for prescription drugs.

Tonight, in terms of safety, we must understand that one million Americans have gone to Canada to buy their medicine without one death, without one problem. To the gentleman from Louisiana (Mr. TAUZIN), yes, the death of one baseball player is a tragedy; but it is a far greater tragedy that millions of elderly people in this country are suffering, and in some cases dying, because they cannot afford prescription drugs. And the issue tonight is do we stand up to the money interests and protect the American people or are they going to buy the House of the people? Let us stand tall.

Mr. GUTKNECHT. Mr. Speaker, I yield myself 15 seconds to respond.

First of all, I hope Members would at least read the bill. We have heard a lot about safety tonight. This bill specifically includes section sections 501, 502, 505, which are the safety codes. As the gentlewoman from Missouri (Mrs. EMERSON) said earlier, essentially the FDA wrote all the law that is here. Secondly, the FDA has inspected, this is the report, 949 facilities, all the way to China in the last 5 years.

Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. HENSARLING).

Mr. HENSARLING. Mr. Speaker, I rise tonight to appeal to my fellow conservatives to open markets and help seniors by supporting this act.

Some critics say this act will merely import price controls. But every day in America we import a myriad of products from food to machinery that have some form of government price controls embedded within them, be they subsidy, tax preference or direct price controls. Yet we do not block their import even though their prices are not derived in a truly free market.

The relevant question for us ought to be: are we working for more competition or less competition and whether or not we respect the economic liberties of our citizens.

Now, other critics say this bill will cause less research and development. I am uncertain if this is true, but I do know that closing our borders to trade and denying Americans their economic liberties is not the answer. Typically, we let private individuals within a competitive marketplace make these R&D decisions. If we choose to second guess them and believe that they have underinvested, then Congress can easily remedy the situation by a variety of means, like tax credits and subsidies. This body does it every day, wind energy, aerospace technology, semiconductors, the list goes on.

Finally, critics contend that seniors will be hurt by a rash of counterfeit imported drugs. Are thousands dying in Europe and Canada from fake drugs? Can counterfeit drugs not be produced domestically as well as overseas?

Every year we import tons of food and occasionally this food may be tainted, yet we do not prohibit agricultural imports. Should pharmaceuticals be different?

Perhaps the safety argument may have some merit, but I also know it is usually the first argument of the protectionist. Mr. Speaker, it is time for my fellow conservatives to choose. We can choose free trade over protectionism. We can choose to side with seniors' interests over pharmaceutical companies' interests. We can choose less government and more freedom. The choice is ours. And if there should be any doubts whatsoever, we should err on the side of freedom.

Mr. TAUZIN. Mr. Speaker, I yield 1 minute to the distinguished gentleman from New Jersey (Mr. FERGUSON), who knows the difference between a cancer drug and a strawberry.

Mr. FERGUSON. Mr. Speaker, after the attacks on our Nation on September 11 when thousands of Americans died, many from my congressional district, what was our collective response in this House? What did we do? Did we decide to eliminate the safety and security laws of our Nation to make ourselves more vulnerable to those who would seek to do us harm? Of course not. We did the opposite. We strengthened our laws.

□ 0145

We strengthened our laws. We took steps to protect our citizens and we made America a safer place.

Then why, I ask, at a time when we are at an increased danger of counterfeit and altered drugs, when we are having a tough time keeping up with attempts by criminals who want to smuggle dangerous, counterfeit drugs into this country, why would we then pass a law which would gut the current law of this Nation? Why would we pass a law that would eliminate 16 different health and safety regulations which are specifically designed to protect our citizens against these dangers?

Unfortunately, that is exactly what this bill would do.

Mr. DINGELL. Mr. Speaker, I am low on time and I would reserve.

Mr. BROWN of Ohio. Mr. Speaker, could the Chair let us know how much time each of us has.

The SPEAKER pro tempore (Mr. LAHOOD). The gentleman from Louisiana (Mr. TAUZIN) has 8 minutes remaining. The gentleman from Minnesota (Mr. GUTKNECHT) has 10¼ minutes remaining. The gentleman from Michigan (Mr. DINGELL) has 5 minutes remaining. The gentleman from Ohio (Mr. BROWN) has 7½ minutes remaining.

Mr. BROWN of Ohio. Mr. Speaker, I yield 30 seconds to the gentleman from Hawaii (Mr. ABERCROMBIE) who knows the drug industry has 1.5 lobbyists for every Member of this body.

Mr. ABERCROMBIE. Mr. Speaker, this is about money, money, piles of money, oodles of money, tons of money. This is what this is about.

You do not have to worry about safety because if you cannot afford the drug in the first place, you are not even going to get it to take it, and if you are a Democrat, a minority Democrat, and you do not vote for this bill, there is not any Democrat in the country that is not going to say you sold out and you rolled over belly up again and you are not standing up for the people of this country.

We deserve to be in the minority if we cannot pass this bill. We are defying everything that makes us Democrats, and if you are a Republican, then they are going to say you are in the pockets of the big pharmaceuticals again and you are just acting like a Republican.

If you are a Republican or Democrat, vote this bill through and save the integrity of this House.

Mr. GUTKNECHT. Mr. Speaker, I yield 1 minute to the gentleman from Michigan (Mr. HOEKSTRA), who has the unenviable task of following that.

Mr. HOEKSTRA. Mr. Speaker, amen, Brother. I notice that none of the folks that are opposed to the bill are willing to answer the single most important question tonight which is, why do drugs cost 40 percent more in the United States than they do in Canada and in Europe? That question is not being answered.

It is about safety, but they are missing the big elephant in the room. They do not want to talk about pricing. We have to realize that when working Americans pay 40 percent more for prescription drugs than the rest of the world, our workers are subsidizing the health care costs of the rest of the world.

If we reject this bill, once again this Congress will undercut America's workers, will force American workers to continue to subsidize foreign workers' prescription drugs; and then we will go out and ask them to compete in global markets. No wonder America is facing a crisis in manufacturing. This is blatantly unfair. How long do we believe American workers can survive under this burden?

Tonight, we have a wonderful opportunity to support working Americans, let them have access to fairly priced products and improve their global competitiveness.

Mr. TAUZIN. Mr. Speaker, I am pleased to yield 1 minute to the distinguished gentleman from Illinois (Mr. CRANE).

Mr. CRANE. Mr. Speaker, I thank the chairman for yielding me the time, and Mr. Speaker, I rise today in opposition to H.R. 2427.

It is clear to me that the best way to help seniors is both to ensure that they have access to safe, affordable prescription drugs and to foster an environment where innovation can flourish, where new and better drug treatments will be developed for future generations.

The U.S. continues to be the world leader in the development of new drugs and treatments that improve the quality of every American. I want to lower drug costs for the seniors in my district, but not at the risk of stifling the very innovation that creates the drugs in the first place.

Some have called this a free trade issue. Yet it runs contrary to the fundamental tenets of free trade. Free trade creates efficiencies by opening borders, lowering tariffs, and giving consumers access to products and services from other countries. Reimportation stands this fundamental tenet on its head by giving Americans access to American pharmaceuticals that have been sold to the Canadian Government, a single payer that can, in effect, name its price at a lower cost than the laws of supply and demand allow.

Congress can take a number of different steps to lower the cost of drugs for all consumers. We have already taken the most important one by passing a $400 billion drug benefit for Medicare beneficiaries.

Mr. GUTKNECHT. Mr. Speaker, I am happy to yield 1 minute to the gentleman from Nebraska (Mr. OSBORNE).

Mr. OSBORNE. Mr. Speaker, I thank the gentleman for yielding me the time.

I think ultimately each of us has to be responsible to our constituents, and what I hear from Nebraska seniors contacting me is much more concern about high prescription drug prices

than safety issues. Many of those Nebraskans are already getting their prescription drugs from Canada, and if drug prices continue to escalate as they have been and as they will continue to do, the $400 billion prescription drug benefit passed by the House will be insufficient. I think we all know that intuitively, and I think OMB knows that empirically.

So I see that the only solution, that I can think of at least, is holding drug prices down through competition in the free market, which I think most of us believe in. We import meat, fruit, wine, cheeses for direct consumption without undue alarm about safety. Americans take millions of dollars of imported prescription drugs each year, and yet no deaths or significant problems have occurred.

I have a lot of confidence in this country. I believe we can have cheaper drugs and also have the intelligence and technology to have safe drugs.

Mr. DINGELL. Mr. Speaker, I yield 1 minute to the distinguished gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), my good friend.

Mrs. CHRISTENSEN. Mr. Speaker, I rise in opposition to H.R. 2427, not because I do not believe, like my fellow Democrats, that we must do something about the high cost of medicines, I am committed to that end, but this is not the way to do it.

I will always be against bypassing established authorities and applying quick fixes to complex challenges. The first because it is always a mistake, proven sooner or later, and sometimes with grave consequences, and the latter because such remedies usually end up no fixes at all. This bill fails on both tests.

I know through my years of medical practice the difficulty of lower-income people and seniors and even middle-income people having to pay for life-improving and -saving medication, but there are also cases where medicines have been brought back in from other countries and caused harm.

This is not an easy issue because health and lives are at the center of it, and the high prices present a major barrier to the important goal of eliminating disparities and improving the well-being of many, especially our racial and ethnic minorities.

We must continue to seek ways to lower drug prices safely, and we must eliminate this and every other barrier that exists in this country to good health, but H.R. 2427 is not the way.

I urge my colleagues to vote no.

Mr. BROWN of Ohio. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. PALLONE) who knows opponents of this bill offer no alternative strategy for bringing down drug prices.

Mr. PALLONE. Mr. Speaker, I urge my colleagues, do not believe the FDA or the drug companies on this bill. They do not have any credibility.

If you think about it, the bill says that these products can be imported for FDA-approved drugs from FDA-approved facilities. We are already importing drug products from these types of facilities in these various countries that are mentioned in the bill. If the FDA had a problem with it, why are they not shutting down the facilities? They are not credible when they tell you there is a problem because they have the authority to shut them down if they are not safe or they think the product is causing a problem here in this country.

The drug companies, forget that. They have no credibility at all. They have told you to oppose reimportation. They told you to oppose any kind of Medicare benefit that has a negotiated price reduction. They told you to oppose Hatch-Waxman and any kind of generic drugs being used in some type of competition. They have no credibility. They are only concerned about price. They only want to make sure that their profits are secure.

That is all there is here, and I do not believe that we are going to get Hatch-Waxman reform. I do not believe that we are going to get even a Medicare benefit. This is the only alternative for the seniors to lower prices.

This is it. Vote for it. Do not vote against it. Do not leave those seniors hung out to dry.

Mr. TAUZIN. Mr. Speaker, I am pleased to yield 1 minute to the distinguished gentleman from Indiana (Mr. PENCE).

(Mr. PENCE asked and was given permission to revise and extend his remarks.)

Mr. PENCE. Mr. Speaker, I rise in opposition to the reimportation bill, but I do so with the deepest respect and affection for the author of this bill whose character and tenacity I admire greatly.

America, without a doubt, has the greatest health care system in the history of the world. Some have spoken of riding buses to Canada to purchase prescription drugs. Well, they have, and I am sure they could wave at the many tens of thousands of Canadians that come on buses across our border to receive the elective treatment that takes 9 to 18 months in some cases in their system.

It has been asked today by my colleague from Michigan, why do drugs cost 40 percent more in Canada. Well, the answer is very simple. Because Canada, like Germany, like France, are socialist countries. I am sure pharmaceutical drugs would have been cheaper in the Soviet Union.

The truth is, reimportation of drugs is simply reimportation of price controls and socialism. Let us not import Canadian price controls and socialism. Let us export the free market health care principles that make our system the envy of the world.

Mr. GUTKNECHT. Mr. Speaker, I am happy to yield 1 minute to the gentleman from Arizona (Mr. SHADEGG).

Mr. SHADEGG. Mr. Speaker, I rise in strong support of the Pharmaceutical Access Act against protectionism and in favor of a free market.

I want our pharmaceutical companies to be profitable. I particularly want them to have the funds they need to do the research and development they must do. I just do not want them to take that money from Americans and only Americans and to impose the burden of that R&D on our seniors only. It simply is not fair to impose the entire cost of the phenomenally expensive research and development on just America's seniors and to allow the rest of the world to profit from that.

Over and over again, we hear the issue is safety, safety, safety, and yet there are thousands of counterfeit drugs in the market today precisely because we do not have a free market, precisely because we do not allow reimportation. The minute you allow reimportation, a system similar to the Good Housekeeping Seal of Approval or the Underwriters Laboratory will arise and that system will advertise, If you buy our drug, we have inspected the plants where they came from; we have certified the shipping of that drug; and we certify it safe. Americans will buy those drugs and those drugs only.

Trust the market. End protectionism. Americans cannot afford to pay protectionist prices for our drugs any longer. Fix this market. Allow a free market to work.

Mr. BROWN of Ohio. Mr. Speaker, I yield 30 seconds to the gentlewoman from Ohio (Ms. KAPTUR) who knows that the breast cancer drug Tamoxifen is more expensive in our country than in Canada.

Ms. KAPTUR. Mr. Speaker, I thank the gentleman for his leadership on this important issue and rise in support of H.R. 2427.

I wish to say, last year, average drug prices in our country were 67 percent higher than in Canada and double that of Europe. The real issue is that pharmaceutical companies have been gouging the American public for far too long, and the leadership in this Congress has allowed them to do that.

This bill requires the FDA to do what it must to assure safety, but more than that, it finally blows the whistle on an industry that has been taking America's seniors to the cleaners. It is time their gig is up. Support H.R. 2427.

□ 0200

Mr. TAUZIN. Will the Speaker announce how much time remains.

The SPEAKER pro tempore (Mr. LAHOOD). The gentleman from Louisiana (Mr. TAUZIN) has 6 minutes remaining, the gentleman from Minnesota (Mr. GUTKNECHT) has 7¼ minutes remaining, the gentleman from Michigan (Mr. DINGELL) has 4 minutes remaining, and the gentleman from Ohio (Mr. BROWN) has 5½ minutes remaining.

Mr. TAUZIN. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Texas (Mr. BURGESS).

(Mr. BURGESS asked and was given permission to revise and extend his remarks.)

Mr. BURGESS. Mr. Speaker, drug prices can be higher in some cases for consumers than in other industrialized countries because the governments of Canada, Mexico, and Europe hold down the costs through market intervention. In other industries we do not permit the imposition of foreign price controls on American businesses, and we should not in this case either. These price controls would stifle the development of new drugs, drugs like Avastin, a powerful and promising new anti-cancer drug that inhibits blood vessel growth in tumors, an entirely new approach to treating cancer. This drug took 20 years and millions of dollars to develop.

In my own medical practice, I have witnessed what might be politely called therapeutic misadventures resulting from drugs illegally imported from Mexico. Vote ''no'' on H.R. 2427 and let us work together on feasible solutions that will bring down the cost of prescription drugs in a constructive manner, not proposals like this that will put our constituents at risk.

Mr. GUTKNECHT. Mr. Speaker, I am happy to yield 1 minute to the gentlewoman from Louisville, Kentucky (Mrs. NORTHUP).

Mrs. NORTHUP. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, despite the histrionics we have seen tonight, there is not one Member of Congress that would vote for a bill that would endanger the people in this country, not the seniors, not our children, and no one in between.

The false arguments, the scare tactics, the unrelated examples should not surprise anybody because we hear them every day, and these tactics have worked in the past. But Americans know the truth. Over 1 million have imported drugs every single year into this country safely. They buy drugs that are manufactured and regulated on how they are distributed the same way we regulate them in the United States. In fact, they are the same plants, and they are the same distribution systems.

Our unions and our businesses are telling us that drugs are costing them a fortune, and without relief our taxpayers are going to foot the bill for our seniors who are going to have to pay extraordinary prices for their drugs. Tonight is historic. We are going to, without the money, without the staff, and without the army of lobbyists take back the House and pass this bill to reduce the cost of drugs for our seniors.

Mr. DINGELL. Mr. Speaker, I reserve the balance of my time.

Mr. TAUZIN. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. SESSIONS).

Mr. SESSIONS. Mr. Speaker, I thank the gentleman from Louisiana for yielding me this time. Tonight is a very important debate for this country. It is important for us to understand that the drugs that get reimported in this country may not be known and understood exactly for what they are by the consumers of this country.

As a person who travels overseas, when I want to buy a shirt that might be on the street in Bangkok or in Shanghai, I know that that is probably a counterfeit. I buy that and purchase that shirt knowing that. But as a consumer in this country, going on the Internet, thinking I am buying something from Canada, it can be from somewhere else. It happens every day.

Let us not let this happen to consumers. Let us let them know what they are buying, where they are getting it from; and let us make sure we reduce the cost of prescription drugs in this country. We have a plan to do that. That plan is called a prescription drug plan that the Republican Party has had on this floor. Let us reduce the cost of prescription drugs but let us keep our seniors safe.

Mr. GUTKNECHT. Mr. Speaker, I am happy to yield 1 minute to the gentleman from Georgia (Mr. KINGSTON).

Mr. KINGSTON. Mr. Speaker, I thank the gentleman for yielding me this time. I want to say as a supporter of the Gutknecht bill that this bill is about safety because it is unsafe not to take your medicine.

If you need Glucophage, if you need Lipitor, if you need Tamoxifen, you have to get it as inexpensively as you can or you are going to be skipping your groceries to do it.

What you can do is join millions of Americans and go to our biggest trade partner, Canada, and get it at 40 percent less than what we are paying now. And incidentally, in the next 10 years senior citizens alone will spend $1.8 trillion on prescription drugs.

What should we do about the people who are buying these drugs from Canada? Should we arrest them now? Or since it is so unsafe, why do we not just wait for them at the hospital and then arrest them?

The reality is that this right now is the domain of the border State constituents and the savvy Internet buyer. I want to support this bill so that the working people can have access at their local pharmacists to these low-cost prescription drugs. That is what this is about. Support the Gutknecht bill.

Mr. BROWN of Ohio. Mr. Speaker, I yield 30 seconds to the gentleman from Texas (Mr. GREEN), who knows that a drug you cannot afford is simply not a safe drug.

(Mr. GREEN of Texas asked and was given permission to revise and extend his remarks.)

Mr. GREEN of Texas. Mr. Speaker, I rise in support of the Pharmaceutical Market Access Act, and I would not be here this morning supporting this reimportation bill if we had passed a real pharmaceutical prescription drug plan under Medicare that did not have a hole you could drive an M–1A tank through.

I have constituents who now go to Mexico and order pharmaceuticals through Canada on the Internet. I have bought pharmaceuticals in Mexico myself to use. They are safe. We need to make sure they are available for our constituents legally.

If we are not going to pass a real pharmaceutical prescription drug plan under Medicare, we need to at least pass this bill.

Mr. Speaker, I rise today in support of the Pharmaceuticals Market Access Act, and urge my colleagues to join me in voting for this important legislation.

For far too long, Americans have been paying a premium for prescription drugs. Our constituents are paying top dollar for their drugs, while citizens from other industrialized countries like Canada, France, Italy, Germany, and Great Britain are getting deeply discounted prescription drugs.

American consumers are charged, on average, 38 percent more than consumers in Canada, 31 percent more than citizens of Great Britain, 45 percent more than French consumers, and 48 percent more than Italian citizens. This is simply unacceptable.

Now I know that opponents of this bill will try to muddy the waters by raising the specter that reimportation is unsafe and unfair, but this is simply not true.

Manufacturers have been safely importing drugs into this country for years. In 2001 alone, they spent $14.7 billion bringing prescription drugs into the United States.

Additionally, H.R. 2427 specifically prohibits counterfeit drugs, drugs that have been tampered with, and expired drugs from entering the United States.

Under this bill, only FDA approved drugs would be allowed into the country. The only difference from U.S. manufactured drugs will be the more affordable price.

And don't be alarmed by cries that this will decrease research and development into new medicines. Pharmaceutical companies' after-tax profits—and after expenditures for R&D—averaged 17 percent from 1994 to 1998. This leaves plenty of money for R&D.

The bottom line is that opponents of this bill want to protect pharmaceutical industry profits.

I urge my colleagues to stand up a against these special interests, and for your constituents.

Mr. GUTKNECHT. Mr. Speaker, I am happy to yield 1 minute to the gentleman from Arizona (Mr. FLAKE).

Mr. FLAKE. Mr. Speaker, I thank the gentleman for yielding me this time.

It has been a great debate tonight. I am not supporting this bill because I believe that it will lower drug prices substantially in the long term. I do not believe that it will. But what it will do is, as has been pointed out earlier tonight, it will force some of the other countries who have been freeloading off of us for far too long to pay some of the costs of R&D to develop these medicines for the future. That is important.

I want to also read this. From ''The Wealth of Nations,'' Adam Smith addressed this issue. He said: ''To narrow competition can only serve to enable the dealers, by raising their profits above what they naturally would be, to levy, for their own benefit, an absurd tax on the rest of their fellow citizens.''

The absurd tax has been paid by Americans for far too long. It ought to be shared by the rest of the world to pay for the cost of research and development.

Mr. TAUZIN. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from California (Mr. GARY G. MILLER).

Mr. GARY G. MILLER of California. Mr. Speaker, I rise in opposition to this bill. The argument is we are dealing with reimportation, not drugs manufactured in Canada.

Ask yourself the question, why are there no major manufacturing facilities in Canada? The reason is they invest billions of dollars in these drugs to save our lives. Of every thousand they work on, seven hit the market place and one makes a profit. Now, ask yourself the question, Canada represents 1 percent of the marketplace. That is all they represent. Do you believe that U.S. manufacturers are going to ship enough drugs to Canada to sell them back at less prices in the United States to fill the volume that is needed in the largest market in the world?

When people get sick in Canada and they are seriously ill, they come to the United States. Why? Because we have the best health care and the best treatment forms in the world.

It is already legal to reimport if you can prove safety, but they cannot prove safety; and you know it. And they will have that same difficulty in the future. So do not believe there is some manufacturer in Canada who is just arbitrarily going to ship drugs here. Our companies do not meet the demand.

Mr. BROWN of Ohio. Mr. Speaker, I yield 30 seconds to the gentleman from Rhode Island (Mr. LANGEVIN) who knows that a Federal Government who says it can build a national missile defense can surely ensure the safety of imported drugs.

Mr. LANGEVIN. Mr. Speaker, I rise in strong support of H.R. 2427, the Pharmaceutical Market Access Act. We know that Americans pay 30 to 300 percent more for their medications than those in other industrialized nations. The United States has failed time and time again to assert our force in the pharmaceutical marketplace, and we should continue to pursue all available avenues to lower drug costs for our citizens.

Today, we have the opportunity to take action by passing H.R. 2427. This bill makes possible the reimportation of FDA-approved drugs from FDA-approved facilities. It includes new standards for safety messages in the packaging of drugs. It is the right thing to do for our seniors and we must act now.

Mr. Speaker, I rise in support of H.R. 2427, the Pharmaceutical Market Access Act. I am grateful that the House of Representatives has the opportunity to substitute existing reimportation language in the House-passed Medicare bill with a meaningful provision, one that could result in billions of dollars in savings to American seniors and bring balance back to the global marketplace for prescription drugs.

American taxpayers heavily subsidize the research that leads to life-saving medications, used worldwide. Despite that, citizens of this country pay 30 to 300 percent more than those in other industrialized countries. The reason for this disparity is that the government of every other industrialized nation works on behalf of it's citizens to control the cost of medication—through the use of bulk purchasing power, and other methods the United States has failed to adopt. The recently-passed Medicare bill failed to incorporate any meaningful cost control measures for the 54 million Medicare beneficiaries—in fact the legislation strictly forbade the U.S. government from negotiating for these seniors and discouraged reimportation. There are other steps the United States should be taking to lower costs, and we should continue to pursue the use of bulk purchasing power and speeding the approval process for generic drug entry to the market—but tonight, we have the opportunity to vote on market access.

Americans are suffering because of their government's failure to assert their force in the pharmaceutical market. Last month, I joined the Rhode Island Academy of Family Physicians in releasing a survey showing that a third of seniors in Rhode Island are relying on physician samples for their necessary medications and 20 percent are failing to take them as prescribed because of cost—skipping prescriptions to make them last longer and failing to refill them. There is absolutely no reason for this. Today, we have the opportunity to take action by passing H.R. 2427, which would level the playing field by allowing American pharmacists, wholesalers and individuals to legally and safely import the same drugs they are paying inflated prices for at home from other countries. The tangible result of this policy will be significant savings—savings that will be passed from pharmacists and wholesalers to American consumers.

It is ironic that the drug companies are telling us that importation cannot be done safely. For years now, drug manufacturers have safely and legally reimported drugs—$14.7 billion worth in 2001—and in certain circumstances, individuals have been able to purchase their own medications abroad. In the years of this legal reimportation—there have been zero reported deaths from Americans taking imported pharmaceuticals. However, thousands of Americans become ill or die from food-borne illnesses each year, yet no one suggests the banning of the importation of food. Instead, we work hard to regulate the importation of food, and we incorporate current technology to ensure the safety of the process. H.R. 2427 includes new standards for safety measures in the packaging of drugs and limits importation to FDA-approved drugs from FDA-approved facilities. This can be done, and it can be done safely.

Earlier today we heard a number of Members on the floor talking about the benefits of free trade, as we debated the United States-Chile Free Trade Agreement. I am certain that these Members recognize drug companies can set drug prices at extraordinarily high prices in the United States, because current law protects them from competition. I hope that, in the spirit of consistency, these Members will support H.R. 2427, and allow the market forces to work in favor of American consumers when it comes to the purchase of life-saving medications.

We must not let the opportunity to lower the cost of prescription drugs for Americans pass us by. I urge all of my colleagues to vote in favor of H.R. 2427.

Mr. TAUZIN. Mr. Speaker, may I inquire once again as to the time allocations.

The SPEAKER pro tempore. The gentleman from Louisiana (Mr. TAUZIN) has 3 minutes remaining, the gentleman from Minnesota (Mr. GUTKNECHT) has 4¼ minutes remaining, the gentleman from Michigan (Mr. DINGELL) has 4 minutes remaining, and the gentleman from Ohio (Mr. BROWN) has 4 minutes remaining.

The order of closing will be the gentleman from Ohio (Mr. BROWN) will go first, the gentleman from Minnesota (Mr. GUTKNECHT) will go second, the gentleman from Michigan (Mr. DINGELL) will go third, and the gentleman from Louisiana (Mr. TAUZIN) goes last.

Mr. BROWN of Ohio. Mr. Speaker, I yield 30 seconds to the gentleman from Ohio (Mr. STRICKLAND) who knows this debate is not about safety, but about drug industry profits.

Mr. STRICKLAND. Mr. Speaker, this is an interesting debate because it is not primarily between Democrats and Republicans; it is between the people and the pharmaceutical companies.

The gentleman from Louisiana (Mr. TAUZIN), the distinguished chair of my committee, says he is concerned about safety, that if we pass this bill people may die. I contend that people are dying every day in this country. People are dying because they are not getting the medicines they need because they cannot afford the medicines they need.

Does the gentleman believe if we pass this bill others may die? I believe if we do not pass this bill there will be many Americans who will die as a result of our inaction.

Mr. TAUZIN. Mr. Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield 30 seconds to the gentleman from Ohio (Mr. KUCINICH).

Mr. KUCINICH. Mr. Speaker, night after night my Democratic colleagues come to this floor to characterize the Republican Party as being the party controlled by monied special interests. Well, this evening, my fellow Democrats, is a moment of truth for the Democratic Party and what we stand for and who we stand for and who we stand with: the people or the big drug corporations.

Seniors in my district are splitting their pills to make their prescriptions last. And if a big PhRMA splits our party over the issue of lowering drug prices, it is a prescription for disaster for the Democratic Party. It is time we stood up and showed America who we really are, with the people or with the corporations.

Mr. GUTKNECHT. Mr. Speaker, I yield 1 minute to the gentleman from Arizona (Mr. HAYWORTH).

□ 0215

Mr. HAYWORTH. Mr. Speaker, I thank my friend from Minnesota for

yielding me this time, and I thank my friends across this Chamber for the warm reception.

Mr. Speaker, when a prescription is written by a physician, there is not an inquiry as to partisan affiliation or political persuasion. A decision is made that a medicine is needed. The question tonight in this House is how best can that delivery be achieved. Economic conditions are the overwhelming criteria upon which this must be decided.

My friend from Arizona spoke earlier, and he was quite right. An unfair tax has been levied on Americans. We have borne the costs that should be shared with others. Oh, yes, and we already subsidize many of those costs and we also have a research and development tax credit that exists currently in the Tax Code.

Vote ''yes'' on the Gutknecht legislation. Let us seek a rational solution.

Mr. DINGELL. Mr. Speaker, I yield 1 minute to the distinguished gentleman from North Carolina (Mr. PRICE).

Mr. PRICE of North Carolina. Mr. Speaker, H.R. 2427 is both a diversion and a danger. It is a diversion from the prescription drug coverage we should be providing.

What have we done instead? We have instead passed a Republican Medicare bill which actually denies the Secretary of HHS the ability to negotiate volume discounts. So much for my colleague's elephant in the room.

And it is a danger. This bill is a danger. It would allow distributors to import drugs that have been sold, stored and transported outside the FDA's closed regulatory system. Massive and haphazard reimportation is the wrong prescription for a very real problem, the lack of drug coverage under Medicare available to all beneficiaries.

I urge colleagues not to be diverted, to vote against the inferior and dangerous solution which H.R. 2427 represents.

Mr. TAUZIN. Mr. Speaker, I am honored to yield 1 minute to the distinguished gentleman from California (Mr. DREIER), chairman of the Committee on Rules.

(Mr. DREIER asked and was given permission to revise and extend his remarks.)

Mr. DREIER. Mr. Speaker, yesterday afternoon, earlier this legislative day, we made history by passing two very important measures which are designed to eliminate tariff barriers in our relationship with both Singapore and Chile. And now we have people who have injected the issue of free trade in this debate.

Mr. Speaker, the fact of the matter is, as we look at this challenge, what it is that we are dealing with is government subsidization, government cost controls and mandatory licensing, which is antithetical to the entire concept of the free flow of goods and services and ideas. Vote against this measure.

Mr. BROWN of Ohio. Mr. Speaker, I yield 30 seconds to the gentleman from New York (Mr. NADLER) who knows that if you want to talk safety, we should talk about Americans having to split their pills to afford to pay for their expensive medicines.

(Mr. NADLER asked and was given permission to revise and extend his remarks.)

Mr. NADLER. Mr. Speaker, for 30 years the pharmaceutical companies have opposed proposals for the government to help senior citizens buy their products. Why? Because they are afraid that the government, as a bulk purchaser, would exercise market power to do what a bulk purchaser in a free market society should do, use bulk market power to get lower prices. And they tell us that lower prices will mean they could not do research and development when they spend 33 percent of their revenues on marketing and 14 percent on research and developing.

That is why the Republican bill we debated a few weeks ago prohibits the government from negotiating prices. This bill is a substitute for that, not a good substitute, but the best we are likely to get. It will help the seniors buy their drugs and we ought to pass it.

Mr. BROWN of Ohio. Mr. Speaker, I yield 30 seconds to the gentlewoman from Texas (Ms. JACKSON-LEE) who knows the drug industry's pricing policies put the health of American patients at risk every day.

Ms. JACKSON-LEE of Texas. I thank the distinguished gentleman for yielding me this time.

Mr. Speaker, tonight's vote is a vote of the heart and a vote of one's conscience. This weekend, many of us spent time with our senior citizens, and I am glad that we are talking now not about Democratic and Republican politics but about saving lives.

I grappled with this whole question of pharmaceuticals and senior citizens, but when I got this letter from Ms. Davis and said, ''My pressure pill is too high, the rest of my medicine is too high, I cannot afford no medicine; my doctor gives me samples, I cannot afford the regular medicine,'' I had to stand with these senior citizens who need our help.

We have got to vote for this bill so we can save lives in America.

Mr. Speaker, I must say that this is one of the toughest votes I have made in my tenure in Congress. We have an epidemic upon us in America today. It is not an epidemic caused by a virus or a bacterium. Instead, it is the epidemic of Americans who have no access to affordable healthcare.

One of the fastest growing segments of our nation's healthcare budget is the cost of prescription drugs. I had a town hall meeting last week, so that I could hear the seniors in my district talk about their prescription drug costs, and what they want me to do about it. The conversation turned to the question of why Americans pay 2 to 10 times more than Canadians, for the exact same prescription drugs. It was then that I realized the truth: that those seniors, 70, 80, one over 90 years old—many living on about $12,000 per year that they receive from Social Security—are buying drugs for rich Canadians. Every Canadian or German or Brit, no matter of their income gets a giant discount on their drugs, because the elderly in our Districts here in the U.S. are paying on average about 60 percent too much for their drugs. They are having to choose between eating and taking their medications on a regular basis, and they are subsidizing the costs of people around the world with much more.

That is outrageous.

I and my fellow Democrats have been fighting to ensure that more Americans have access to affordable medications, and I believe that the drug industry wants more people to be able to buy their medications. Surely we should be perfect collaborators. Furthermore, the drug industry has made tremendous advances in their labs, that have lengthened and improved the lives of millions of people around the world. That is why I have been trying to work with our nation's drug companies to find common ground, to seek compromise that helps people get the drugs they need, and enables our companies to get the profits and recognition they deserve. On several occasions they have stepped up to the plate—with patient assistance programs giving free drugs to the working poor, and discount cards, like Together Rx, that give discounts to low-income seniors. They have also donated drugs to those suffering in Africa and other developing nations. I commend the drug industry for their good works.

I was hoping to build on those modest steps, and continue to make progress toward increasing access to state-of-the-art prescription drugs, by partnering with the good people in the industry—and I do believe there are good people in PhRMA. But the Republican leadership put an end to that, and turned this into a political war. I and my fellow Democrats fought to give the Secretary of HHS the ability to negotiated with the drug industry on behalf of our 40 million seniors on Medicare, to lower their drug costs. Such negotiations would have brought about prices lower than we pay now, but probably not quite as dramatic a decrease in PhRMA profits as H.R. 2427 will bring about. The Republican leadership denied us that common sense provision, so a door was closed.

As H.R. 2427 was coming to the floor, there were some of us who felt that there could be compromise legislation, that would increase safety, and would perhaps lessen the impact on our drug industry, and their workers, and their investors. But we knew, as usual, that there would be no chance for such smart improvements, and as we see today the Rules Committee has sent this bill to the Floor with yet another Closed Rule. Again a door was closed.

In 2006, a Medicare Prescription Drug benefit will probably kick in. If it looks like anything that came out of the House or Senate last week, that benefit will leave many of our seniors far worse off than they are today. According to Republican estimates, a senior paying $5000 per year will only get 20% of their costs covered by their insurance plan. But by 2006, drug costs will have risen more than 20%, and also the discount card programs that the industry has put forth, will end as seniors get a drug benefit.

So, I don't see many options here. I do not like the idea that under this legislation, we will

be shipping American drugs overseas, paying foreign middlemen to handle them, then ship them back to us, all in an effort to get a better price out of companies in our own backyards. There should have been a better way; but I do not see it today.

Today the problem of access is out of hand; it is about life and death. Every one of us has an elderly friend or relative, who has suffered a catastrophic blow to their health and watched the emotional, physical, and financial struggle that that can cause. We have people in the richest nation in the world choosing amongst eating, or paying rent, or buying their medications. Losing any one of the three can be deadly. I cannot help perpetuate this nightmare. I will support this bill.

The one issue that might have caused me to rethink my vote is that of safety. If I really believed the hype—that this bill would lead to a deluge of dirty drugs from Canada, or Switzerland, or Japan, or wherever—I would have voted against it. But I do not. We have the technology and the creativity to make this venture safe. And the bill before us does not strip the FDA of its powers to search for potential sources of counterfeits, or damaged, or outdated products, and stop their influx into this country. Those abilities are specifically protected in the bill.

This is a bill whose time has come, and I believe that it will save lives. My one regret is that it may cause some temporary hardship to some excellent companies. But I am confident that they will survive. They are creative and industrious, and I hope that they will work harder to increase their profits overseas.

I also want to work with the industry to create provisions that will improve the Medicare Prescription Drug Bill in a way that will increase access to fairly priced drugs to ensure fair profits for producers, and protect the health of consumers. It is possible, but the leadership will need to put lives before politics.

Again, it is an idea whose time has come.

Mr. BROWN of Ohio. Mr. Speaker, I yield the balance of my time to the gentleman from Illinois (Mr. EMANUEL) who knows the same Federal Government that put a man on the Moon certainly can ensure the safety of prescription drugs.

The SPEAKER pro tempore (Mr. LAHOOD). The gentleman from Illinois is recognized for 2 minutes.

Mr. EMANUEL. Mr. Speaker, people from around the world come to America for their medical care. Yet Americans travel around the world for affordable medications. Between 2000 and 2003, seniors' expenditures on prescription drugs increased 44 percent.

The legislation we are debating today is about inserting competition and the free market into the pricing of medication to ensure that Americans no longer have to pay a 25 to 40 percent premium over the prices paid in other countries.

For too long, our constituents have subsidized the starving French, Germans, Italians and Canadians. Americans have also subsidized the research and development for pharmaceutical companies through the NIH funding and through the R&D tax credit. We are about to embark on the largest expansion of entitlement in over 40 years and spend $400 billion of the taxpayers' money. We owe it to the American taxpayer to ensure that they are getting the best price for their money, not the most expensive price.

I want to address and speak to the myth of safety concerns. Last year, Americans imported $14.8 billion worth of medications from around the world. Lipitor is a cholesterol drug that is on every pharmaceutical counter. It is made in Ireland, but we import it. If it is unsafe, get it off the counter and get those ads off the television, because we import Lipitor from Ireland.

Folks, when somebody tells you it ain't about money, it is about money, and that is what this debate is about. I know how this system works like everybody else here. There is a pharmaceutical lobbyist and a half for every Member of Congress. They have spent over $100 million in contributions, entertainment, lobbying expenses, all focused on us. But meanwhile our seniors are being overcharged approximately $100 billion.

The question before us tonight is, are we going to put more priority on the $100 million focused on us or the $100 billion that our constituents are overcharged?

I know why we all came here. We ran for a set of ideas, a set of values and a set of principles. They may be different, but we share a common set of values. Whether you believe in competition in the free market, protecting our taxpayers or ensuring affordable prices, tonight the vote is about the special interests versus the American people. I ask you to support our constituents.

Mr. GUTKNECHT. Mr. Speaker, I yield myself the balance of my time.

The SPEAKER pro tempore. The gentleman from Minnesota is recognized for 3¼ minutes.

Mr. GUTKNECHT. Mr. Speaker, first of all, let me say thank you to the gentlewoman from Missouri (Mrs. EMERSON), because we would not be having this historic debate tonight without her courage, and I want to thank her.

Mr. Speaker, I have been down on this floor many, many times with my charts, talking about this issue. I have had charts and plenty of statistics, but the saddest statistic of all that I have come across is this from the Kaiser Foundation. Twenty-nine percent of seniors say that they have had prescriptions that went unfilled because they could not afford them. Shame on us.

I was at a community pharmacists meeting a few months ago. There were 300 community pharmacists there. I asked them this question: Has this ever happened to you where someone comes into your store with a prescription, they hand you the prescription, you tell them how much it is going to be and their head drops, their voice drops, and they say, Well, maybe I'll be back tomorrow. And they never come back. Shame on us.

We have heard about safety. We have heard about intellectual property rights. No one wants unsafe drugs or to steal patents. We have heard about price controls and aren't we simply importing them. But the plain truth is today, Americans are subsidizing them.

This bill is not perfect, but it is not complicated, either. We simply take away the FDA's power to defy the will of this the people's House and in its place we put counterfeit-proof, tamper-proof packaging.

I will not question any Member's motives, but others will. If you are going to vote against this bill tonight, you had better go back to your office and write a letter to your constituents explaining exactly why, because you will be asked. Maybe it will be at a town hall or a candidates forum, or maybe in your opponent's ads next year, but you will be asked. Someone is going to hold up a package of pills and they are going to ask this: Why is it that Americans have to spend $360 for this drug, this lifesaving drug, when Germans can buy it for $60? And then they are going to ask the even tougher question: Congressman, what did you do about it?

Tonight we can send a very simple but clear message. The status quo is unacceptable, and we will not stand idly by and allow Americans to be forced to pay the world's highest prices for prescription drugs.

Members, all I ask is vote your conscience. Millions of proud Americans are counting on us.

Mr. DINGELL. Mr. Speaker, I yield the balance of my time to the distinguished gentlewoman from Colorado (Ms. DEGETTE).

The SPEAKER pro tempore. The gentlewoman from Colorado is recognized for 3 minutes.

Ms. DEGETTE. Mr. Speaker, this legislation will harm patients. It will harm the children, and it will harm the elderly. It lacks the necessary guarantees of safety and we should not subject the American people to it.

Permitting reimportation would significantly increase the risk that counterfeit, misbranded and adulterated drugs would show up in U.S. pharmacies and American homes. Every one of us here tonight is concerned about the high cost of prescription drugs, but we should not and must not substitute the hope of lower prescription drug prices for the fundamental safety of the drugs that we are providing to our citizens. We have a duty to protect the people of this Nation.

Every expert agrees, this bill will not help Americans. The Food and Drug Administration, along with the U.S. Customs Service, currently cannot enforce the existing laws. Counterfeit drugs are pouring across our borders. I used to think I supported this legislation, and then the Subcommittee on Oversight and Investigations had hearings. This chart is just one example of counterfeit Viagra that was received in the Miami office. There are tons of counterfeit drugs coming into this country right now.

Proponents of the bill say that the quality of the drugs will be protected.

I have not heard one Member on either side of the aisle say how that will happen, when you have drugs that are coming in from all parts of the world. This is counterfeit Voltaren. It is a pill that is used to relieve pain, tenderness, inflammation and stiffness caused by arthritis.

□ 0230

Every one of these pills is marked with the manufacturer. It looks real. There is no active ingredient in these pills. I challenge anybody who just thinks that we will be safe to come get on a plane to Miami and see the counterfeit drugs that are coming into this country.

The gentleman from Arkansas (Mr. BERRY) said the country will be flooded with cheap prescription drugs. That may happen under this bill, but we cannot guarantee that any of those cheaper prescription drugs will have any active ingredients in them. The gentleman from Pennsylvania (Mr. HOEKSTRA) asked why the Canadian drugs are 40 percent cheaper. I have a different answer than the gentleman from Indiana (Mr. PENCE) had. I think they are cheaper because Canadian law allows the government to negotiate with pharmacies for lower prices. And that is what we should do too in this country. We should not go in a roundabout way letting these counterfeit drugs come in, putting our citizens at risk simply because we want lower prices.

Here is the bottom line. We were elected to preserve the health and safety of the people we represent, over 600,000 each. Let us not sacrifice that fundamental right for a convoluted bill that is not even guaranteed to do what it is supposed to do. Vote ''no'' on this ill-conceived legislation.

Mr. TAUZIN. Mr. Speaker, I yield myself such time as I may consume.

Current law allows importation. Current law contains 10 provisions to protect the safety of drug supplies in this country, 10 provisions protecting the safety of those drugs that are imported into this country. This bill that the Members are asked to vote on tonight strikes all 10 of those safety provisions, all 10.

I am going to show the Members tonight what we get if we pass this bill. What we are looking at now is a Web site of a Canadian prescription center where one can order prescriptions from Canada right now which would be legalized under this bill, illegal under current law because the FDA cannot verify the safety of drugs obtained on this Web site.

The FDA obtained some drugs on this Web site to just see what they could get. I want to show the Members what they got. What they got was this drug. This is a drug called Gabapentin. It is used as an antiseizure measure. It is to prevent seizures for people who have all kinds of seizures with all kinds of diseases. Do the Members know where it was made? It was made in India, not in Canada; and it came to an American over that Canadian Web site. And do the Members know what is in it? Nothing. It is water inside this package. And the folks who buy it in America at these cheap prices we are told they are going to get it for nothing except fake drugs.

Here is another set of drugs to look at. This is one is called Serostim. It is used by HIV/AIDS patients to prevent wasting. This is the authentic one; this is the fake one. The fake one contains nothing but pond water. Imagine giving that to an HIV/AIDS patient. Is the price, half price, quarter price worth it to take a drug like that?

I want to ask the Members something before we end this debate, and I have the greatest respect for those who bring this issue to the floor because I hate the fact that Canada and other countries take advantage of our patients in America, and we have to end those trade imbalances. We have to fight them. We do. We do. But I want to ask one question. If the Members vote to say that safety does not count and Americans increasingly buy these drugs full of nothing but pond water and diluted and old and rotten drugs, are they going to have to face the mother and father the way we faced them this week who said, Why is my son dead, because you did not put FDA regulations into place?

Vote down this bill. It is dangerous for every American. It needs to be defeated.

Mr. HOLT. Mr. Speaker, I am sad to say that for the second time during this Congress, the House has considered legislation offering a false promise to help for seniors struggling to pay for prescription medications.

Last month, the House passed a bill that purported to offer Medicare prescription drug coverage. I have long supported providing seniors with a reliable, comprehensive, and affordable drug benefit under Medicare. I could not in good conscience vote for the bill passed by the House, however, because it would provide only a meager benefit while quite possibly leading to the death of the traditional Medicare program that has served seniors in my district so well.

Congress has an obligation to help Americans who cannot afford the prescription drugs they need. Seniors need and deserve a voluntary, universal, prescription drug benefit under Medicare that can help lower prices using the collective buying power of the Medicare population. But making it easier to bring counterfeit, substandard medicines into the United States is not the way to help seniors get the drugs they need. H.R. 2427 poses a very serious danger—exposing American consumers to unsafe counterfeit drugs.

The evidence of this is well documented. The Food and Drug Administration, which has for nearly a century been responsible for certifying the safety and efficacy of medications sold in the United States, opposes reimportation. According to FDA Commissioner Mark McClellan, ''At a time when FDA faces more challenges than ever in keeping America's supply of prescription drugs safe and secure, H.R. 2427 would create new drug safety problems. H.R. 2427 creates a wide channel for large volumes of unapproved drugs and other products to enter the United States that are potentially injurious to public health and pose a threat to the security of our Nation's drug supply. The bill would do so by taking unprecedented steps that limit FDA's authority to assure the safety of prescription drug products to be used by U.S. consumers.

These sentiments are shared by eight former FDA Commissioners as well as current and former HHS Secretaries Tommy Thompson and Donna Shalala, who both refused to certify the safety of reimportation. The Nation's largest association of physicians, the AMA, also opposes this dangerous policy.

The dangers of reimportation were brought to life recently, when 19 people in Florida were arrested in charges of selling ''adultered'' drugs, including fake Lipitor pills imported illegally from England. We were lucky in this case. Sometimes the dangers of counterfeit imported pills don't become apparent until it's too late.

Mr. Speaker, I cannot vote to jeopardize the safety of our supply of medications. The United States is the envy of the world because its medicines are the safest. Opening our borders to the peril of counterfeit drugs is simply a foolish way to increase accessibility. We need a Medicare prescription drug benefit—not a flood of dangerous counterfeits. Do we really want to open our borders to let in drugs from other countries when the worldwide rate of counterfeit drugs is 8 percent.

I urge my colleagues to protect the safety of U.S. consumers and vote no on H.R. 2427.

Mr. UDALL. of Colorado. Mr. Speaker, I cannot support the reimportation bill because it will create a flood of unsafe, counterfeit or ineffective drug products that will end up in the medicine cabinets of millions of Americans, and I do not think it will result in the cost savings that supporters are hoping for.

First and foremost, this issue is about patient safety. I agree with the Food and Drug Administration, the American Medical Association and many physician and patient organizations who say that allowing wholesalers and pharmacists to reimport drugs from foreign countries will pose serious public health concerns for our country. There are no safety provisions in this bill that will assure Americans that the drugs they are taking are safe and effective. And the bill does not provide any resources to the FDA, Customs, or other Federal agencies to test, inspect and certify that drugs coming into our country from around the world are safe.

In addition to the safety issues involved, I do not think this bill will lower the cost of drugs in the U.S. Recently, the non-partisan Congressional Budget Office released a report saying that reimportation legislation ''would not produce substantial savings to the Federal government.'' Furthermore, some regulations in the bill will result in higher prices for pharmaceuticals. If our aim is to make drugs more affordable for seniors, Congress should pass a fair and affordable Medicare drug benefit bill.

Pharmaceuticals play a critical role in our health care delivery system. As such, I want to support initiatives that spark research and innovation in the pharmaceutical industry and that increase accessibility to prescriptions drugs. These should not be mutually exclusive goals. Ultimately, I cannot support legislation that will endanger the health of millions of Americans who rely on medications to treat a condition or an illness.

Mr. DAVIS of Illinois. Mr. Speaker, I rise today in strong support of H.R. 2427, the Pharmaceutical Market Access Act of 2003. Those who are debating this bill can be divided into just two separate groups: those who support making pharmaceuticals more affordable to Americans, and those who are swayed by the pharmaceutical industry's attempts to maintain astronomical profit margins. I proudly stand with the first group.

You cannot deny the skyrocketing prescription drug costs in this country. The price of the top 50 drugs used by American seniors rose at three and a half times the rate of inflation in 2002. At community clinics, physicians prescribing common antibiotics find that their patients cannot afford them. Americans with diabetes, high blood pressure, and other manageable diseases go without life-preserving medications. Meanwhile, those in other countries pay as little as one tenth what Americans pay for the exact same pharmaceuticals. In Canada, the country's national health care system allows them to negotiate prices with drug companies, substantially reducing costs for Canadians. In their quest for profit, those drug companies raise prices in the U.S. to compensate for lost profits in Canada.

Contrary to our opponents' claims, H.R. 2427 has built-in provisions to ensure the safety of reimported drugs. The new technologies developed to ensure the safety of reimported drugs will also safeguard domestic pharmaceuticals against counterfeiting. Our opponents claim that the FDA fails to adequately monitor the safety of drugs already being imported into the U.S. The answer is not to deny Americans the right to reimported pharmaceuticals, but to hold the FDA accountable for its failures and demand improvement.

Our opponents claim that H.R. 2427 would hurt low-income Americans, in attempts to win more support for their position. In fact, this bill would only provide poor Americans with more access to the medicines they need through cost reductions.

Mr. Speaker, as health care costs rise out of control, we must take every step possible to improve health care for the 41 million uninsured and countless underinsured Americans. I urge you to join me in support of H.R. 2427. Do now allow our opponents, influenced by the pharmaceutical industry, to deny safe, affordable prescription drugs to Americans.

Mr. KIND. Mr. Speaker, I rise today in support of the Pharmaceutical Market Access Act (H.R. 2427). Every day, seniors in western Wisconsin face the escalating cost of prescription drugs. A recent Families USA study found that the prices of the 50 drugs most commonly used by seniors increased by an average of three and a half times the rate of inflation over the past year. And between 2000 and 2003, seniors' expenditures on prescription drugs increased by 44 percent.

One solution for many Wisconsin residents is to drive to Canada where they can purchase prescription medication at a substantial savings compared to a drug store in the United States. On average, American consumes in 2002 were charged 38 percent more than consumers in Canada. A 38 percent savings is sizable amount of money to an individual on a fix income. H.R. 2427 would help all seniors realize this savings.

The legislation we are debating today is about inserting competition into drug pricing, to ensure that Americans no longer have to pay a 25- to 40-percent premium over the prices paid in other countries. As we embark on the largest entitlement expansion in recent history, $400 billion, we must ensure that we get the best price for prescription medicines. We owe it to our taxpayers to ensure that they are getting the best bang for their buck.

The legislation before us would lower prescription drug costs for all American consumers by allowing the importation of drugs with appropriate safeguards. This legislation mandates that the Food and Drug Administration approve drugs and manufacturing facilities before reimportation. In addition, imported drugs must be packaged and shipped using approved counterfeit-resistant technologies. The truth is, more people in Wisconsin have become sick from imported strawberries than from imported prescription drugs. Today, the FDA only imports roughly 1 percent of imported food. Surely we can do a better job of ensuring the safety of imported drugs.

As I travel around my district in western Wisconsin I consistently hear about the high cost of prescription medicines, not only from my seniors but also from businesses and average citizens. The Pharmaceutical Market Access Act is a significant step in the right direction to bring prescription drug costs down and ensure that all Americans have better access to affordable medicines. I urge my colleagues to support H.R. 2327.

Mr. SIMMONS. Mr. Speaker, I rise in opposition to H.R. 2427, Prescription Drug Reimportation legislation. My fear is that this bill will result in a flood of fake foreign pharmaceuticals into our country.

Immediately following 9/11/01, Congress came together in a bipartisan fashion and moved quickly and swiftly to protect our borders, protect our airports, protect our drinking water, our food supply.

Yet the reimportation bill before Congress today would allow the import of unregulated prescription drugs through our borders.

That's why so many groups oppose H.R. 2427. This bill, although well-intentioned, jeopardizes the safety of consumers who use prescription drugs.

Among the opponents to the bill is the Food and Drug Administration. In a letter to Congress, the FDA stated that H.R. 2427 ''would erode the ability of the FDA to fulfill its challenging mission of ensuring the safety and efficacy of the U.S. drug supply.'' The FDA goes on to state it, ''simply cannot support legislation that exposes Americans to greater potential risk of harm from unsafe or ineffective drugs.''

The American Medical Association, who also opposes the bill, stated in a recent letter, ''We believe that H.R. 2427 would be so dangerous to patient safety that we must oppose it.''

From my home state, the Connecticut Medical Society says, ''While we support broader availability of prescription drugs at the lowest price possible, quality must be assured. For the safety of our patients in Connecticut, we respectfully urge you to reject H.R. 2427.''

Our Nation's pharmacists also oppose the measure. The National Community Pharmacists Association says it ''is strongly opposed to any legislation that legalizes and/or encourages the importation of prescription drugs by individuals.''

Mr. Chairman, I believe in listening to the experts. And it's clear that the experts all oppose this unsafe policy.

Instead of supporting a risky reimportation bill, Congress must work harder to bring a cost-effective prescription drug bill to our citizens. American citizens deserve access to safe, effective American drugs.

I urge my colleagues to join me in voting against H.R. 2427.

Ms. KILPATRICK. Mr. Speaker, I rise in support of H.R. 2427, the Pharmaceutical Market Access Act of 2003, sponsored by Representatives GUTKNECKT and EMERSON. I appreciate their hard work and efforts to bring this bill up for debate in this chamber. They have faced considerable obstacles in trying to get this bill considered by this chamber. They are to be commended for their success in having H.R. 2427 debated tonight.

Opponents of this bill suggest that patients whom we intend to help with the passage of this bill will actually be harmed. They charge that they will be vulnerable to purchasing unsafe prescription drugs and that we are encouraging patients to purchase lower-cost drugs from countries that have less stringent regulatory regimes. Opponents are also concerned that the bill repeals language that requires the Secretary of Health and Human Services to certify that reimportation of prescription drugs is safe before any reimportation occurs. There are more objections to the legislation, but I have mentioned the major arguments advocated by the bill's opponents.

Not too long ago a pharmacist from Michigan visited with my Washington staff. He told my staff how seniors would leave his pharmacy in tears because they did not have the resources to purchase their medicine. This is an important issue to seniors. It is an important issue to all Americans because the high cost of prescription drugs is driving many families to dilute prescribed dosages in order to stretch out their prescription orders to make them last longer. If pharmacists were able to purchase drugs, lower costs would be passed on to our seniors and families who are struggling with the high cost of health care.

This is the only opportunity that this Congress will have to vote on legislation dealing with the cost of prescription drugs. I am using this opportunity to support lower drug prices for many Americans. This bill puts people before profits. It puts affordable health care for Americans ahead of profit margins for the pharmaceutical industry. It is time to send the industry and the Administration a message: Americans want affordable drug prices. Support this bill and put people ahead of the profit margins of the pharmaceutical industry.

Mr. EVANS. Mr. Speaker, everyone knows American seniors are facing staggering prescription drug costs. Currently, safe and cheaper drugs lie across our northern border in Canada. Seniors do not have to go far to see how much less the rest of the world pays for the same FDA-approved drugs sold many times higher in our country.

The issue of the safety is a non-issue. Seniors in Illinois know that the pharmaceutical industry is fighting one of the biggest and most expensive fights to keep the United States in this protectionist state, not because drugs from FDA-approved facilities in other industrialized countries are unsafe, but because this measure forces drug companies here to lower their hugely inflated prices.

With the implementation of affordable, anti-counterfeit technology, we will know that drugs that come into this country are indeed safe,

reliable, and tamper-free. There is a counterfeit technology currently being used by the drug industry in the EU. This is a similar technology used on billions of pieces of currency around the world which is a testament to its effectiveness and true affordability. There is no evidence to believe that the importation of prescription drugs will increase Americans' risk of receiving tainted drugs.

It is ironic, Mr. Speaker, that the discussion of drug re-importation comes hours after debate on two free trade bills. While we have debated and passed today two bills that do not meet these standards, many of my colleagues are not willing to engage in the trade of FDA-approved drugs from industrialized nations that do indeed meet these standards. Many of these countries already have free trade agreements with the U.S. and the most important factor is that this reimportation will benefit Americans greatly through reduced pharmaceutical prices; not taking away a single American job.

H.R. 2427 will make sure that Americans have access to fair prices by forcing the drug industry to play by the same rule as every other business. My colleagues continually come to this floor to speak on behalf of ''free markets'' and this is one opportunity to demonstrate whether they support an industry hiding behind protective trade barriers or one providing a needed good at a competitive price. I urge my colleagues to do the right thing for America's seniors and support this legislation.

Ms. SCHAKOWSKY. Mr. Speaker, I rise tonight in support of H.R. 2427, the Pharmaceutical Access Act.

Over 13 million senior citizens on Medicare and 42 million uninsured Americans have no access to prescription drug coverage. Millions of others have skimpy coverage that runs out quickly, leaving them to face months of bills that they must scramble to find the money to pay. The excessive price of prescription drugs creates financial crises for those who struggle to pay exorbitant bills and health crises for those who are forced to go without needed medications, to share drugs with family members, or to take half doses in an attempt to make their prescription last a little longer.

I wish that we were on the floor tonight debating legislation to force U.S. drug manufacturers to charge reasonable prices for their products, products that are developed and tested with significant amounts of U.S. taxpayer dollars. It is shameful that we—alone among the industrialized world—have left the pharmaceutical industry free to price gouge our constituents. We should be here tonight debating measures to ensure that health care consumers can go to their local pharmacy and get the drugs that they need at a price that they can afford. We should be passing legislation to make sure that American consumers here at home are not charged many times more than their neighbors in Canada for the same drugs.

Unfortunately, the drug companies have used their financial clout to prevent those debates. Last year, drug companies spent over $91 million to lobby Congress. They hired 675 lobbyists—enough to provide each member of Congress with their own personal lobbyist with more to spare. They have spent millions of dollars on front groups to get their message out. Tragically for the American consumer, those investments have paid off. Last month, this body even passed a Medicare prescription drug bill that prohibits Medicare from using its power to negotiate for discounts or from interfering in any way to lower unconscionably high drug prices. Ironically, a number of my colleagues who support H.R. 2427 because it will give American consumers access to affordable drug prices established through negotiations by other governments, voted to prevent Medicare from using the same techniques.

Tonight, the drug industry is now working to shut down the only remaining avenue open to senior citizens and other health care consumers. Having stopped access to affordable drugs here in the United States, the drug companies are now trying to block access to affordable drugs from Canada and other countries.

Reimportation can and must be done safely. We all want to make sure that consumers get safe medications. H.R. 2427 provides access only to FDA-approved drugs manufactured in FDA-approved facilities. There are requirements that drugs must be packaged to prevent tampering. There is not a single documented death from imported drugs, and we have the means to maintain that record.

We all know that the reason the drug industry is pulling out all the stops to prevent passage of the Pharmaceutical Access Act is not their concern about safety, it is their concern about their profits. We could put every safety protection in a reimportation bill and the U.S. drug industry will still oppose it. They will oppose any bill that prevents U.S. consumers from being held hostage to their price-gouging practices.

If this body is unwilling to take on the drug industry here at home, the least that we can do is to ensure that U.S. consumers will have access to safe and affordable drugs through reimportation. We should pass H.R. 2427 but, in doing so, we should not be too quick to claim victory. We should not be proud of telling our constituents that they must rely on the actions of foreign governments to provide them with affordable medications. The real solution—the solution of which we could all be proud—would be if we were willing to join those governments in confronting the power and greed of the pharmaceutical industry.

Mr. LEVIN. Mr. Speaker, tonight I vote for H.R. 2427 with some reservations. I have put those reservations aside because this is not the final step in the process.

I would have much preferred if the Republican leadership had not blocked a vote on the Emerson ''Save Our Seniors Act'' and all other amendments. Unfortunately, the Republican leadership decided to block a vote on Emerson and all amendments in the hopes of shutting this effort down and saving the pharmaceutical industry's policy of charging Americans the highest drug prices in the world.

Our senior citizens are more likely to need prescription drugs and less likely to have insurance to cover them than any other group. As a result, many of them pay high prices or go without needed medication. That is wrong.

In recent years, many seniors in my district have tried to solve this problem by traveling to Canada, where drugmakers charge lower prices for the same medications. Some of them have been able to purchase medications, especially for chronic illnesses, at a thirty to 50 percent discount. I strongly support allowing them to continue doing this without interference from the Food and Drug Administration or the U.S. Customs department. I believe that Canada's system of regulating prescription medications sold at its pharmacies is safe and reliable for my constituents.

But bus trips to Canada should not be the answer to the serious problem facing our seniors. The real answer is a Medicare prescription drug benefit so that they can get the drugs they need here at home. I have cosponsored H.R. 1199, which would add a comprehensive prescription drug benefit to the Medicare seniors know and trust. If H.R. 1199 becomes law, the federal government will be able to negotiate lower prices for medications and help seniors afford to buy them.

Last month, the House instead passed a bill which uses an inadequate, unreliable drug insurance program for seniors as a decoy to distract people from the bill's real purpose—privatizing Medicare and turning it into a voucher program. I voted against that bad bill. That bill is now in a House-Senate conference, which is charged with combining it with a very different Senate bill. If H.R. 2427 passes the House tonight, it will become part of the discussion for that conference committee and increase the pressure for that committee to address the issue of affordable drugs, rather than focusing on privatizing Medicare.

I believe we must address the issue of real drug coverage for seniors and the issue of unreasonably high drug prices. The Republican leadership hoped to avoid that issue by only allowing a vote on the broadest possible approach. Tonight, I stand with my colleagues in refusing to play games, and I will vote for H.R. 2427 to keep this issue alive and force action.

Mr. STARK. Mr. Speaker, I rise in support of H.R. 2427, the Pharmaceutical Market Access Act.

This bipartisan legislation overcomes the stranglehold that the drug lobby has on Congress and provides a means of providing safe, affordable medication to all our citizens. It allows for the importation from Canada and Western European countries of Federal Drug Administration (FDA)-approved prescription drugs that sell at prices significantly below those charged for the same medications in the United States.

Last year, average drug prices in the United States were approximately 67 percent higher than those in Canada and about twice those in Italy and France. Yes, for the same drugs! As a result of these high prices, many Americans are denied the medical treatment they require. They just cannot afford to pay for the drugs they need for their health. This bill takes a commonsense approach to address this problem; it provides Americans ready access to these same lower cost drugs from other countries.

The opponents of this bill—most notably the administration, Republican House leaders and the powerful drug lobby—contend that the passage of this legislation would compromise the safety of prescription drugs in this country. Let's examine the validity of this contention:

There is no validity to opponents' claims that this legislation would open our markets to counterfeit drugs. The legislation not only requires that these imported drugs meet current Federal drug regulations, but it strengthens these standards by requiring all prescription drugs sold in the country to use high security, counterfeit-resistant packaging. (A technology already being used throughout the European Union). Furthermore, the legislation only allows the importation of FDA-approved drugs manufactured in FDA-approved facilities.

Opponents falsely claim that state this legislation would allow individuals to access drugs

without prescriptions. The regulations currently in effect controlling the accessibility of prescription drugs are not changed at all by this legislation.

Despite protests from those who oppose this bill, the fact is that drug manufacturers safely import an estimated $14.7 billion worth of FDA-approved drugs into this country today. It is also estimated that more than a million Americans already purchase their medications from outside the American market—for example, by taking trips into Canada or by making an Internet purchase—without any evidence of adverse effects.

Thus, it appears that the safety argument is just a red herring. A bogus argument to defeat this legislation and continue the practice of providing Americans with ready access solely to drugs offered at inflated prices that feed the insatiable profit-hungry appetite of the pharmaceutical industry and corporate investors. It is time to put an end to this practice.

The goal of this bill is simple. It will allow American consumers the right to purchase needed medication at a lower price. I urge my colleagues to support the passage of the Pharmaceutical Market Access Act.

Mr. BLUMENAUER. Mr. Speaker, I am glad that the House has finally decided to confront what can only be described as a national embarrassment. Today we must take steps to prevent our low-income seniors from paying the highest prescription drug prices in the world.

Reimportation is a valid approach. While it may slice drug profits, it costs taxpayers nothing.

If we do not act to protect seniors from skyrocketing drug prices, I worry that it is because we are choosing to protect drug companies from competition on the world market. This competition with willing sellers of FDA approved drugs from abroad will ensure that our seniors get the lower prices that citizens in other countries enjoy.

Opponents of this common sense solution warn of grave risks, which the evidence suggests are wildly exaggerated. There are certainly fewer risks than continuing the mass underground reimportation that takes place today.

Tonight's vote is an important step in this struggle to stop the exploitation of seniors. It is, however, just a beginning. I look forward to building on this momentum for the hard task ahead.

Mr. SMITH of Texas. Mr. Speaker, I rise in opposition to H.R. 2427. Like many of my colleagues, I am greatly alarmed by the negative ramifications of this legislation. This bill threatens continued patient access to safe and regulated prescription drug products, fails to address affordability issues for senior citizens, and violates U.S. drug patent and trade agreements.

This bill directly undermines the current regulatory system to prevent unapproved or otherwise unsafe prescription drugs from entering the U.S. consumer market. It prevents regulating authorities from enforcing drug labeling standards, inspecting the quality and components of imported drugs, verifying that strict safety standards are met, and maintaining market-related drug prices.

In addition, H.R. 2427 fails to provide lower prescription drug costs to patients and senior citizens. According to the congressional Budget Office, the importation program does not result in savings to the federal government or consumers as previously predicted. In fact, CBO reports that if ''manufacturers were unable to limit the supply of drugs entering the U.S. market from Canada, the likely result would be that brand-name prices in Canada would rise much more than the price in the U.S. would decline.''

Finally, this legislation allows the wholesale and individual importation of drugs into the U.S. from Canada even where a U.S. patent exists. This will nullify a patent owner's exclusive right to prevent importation and thereby undermine U.S. patent rights. Further, these provisions breach various U.S. international treaty obligations. By allowing drugs with a U.S. patent to be imported, the provisions violate several free trade agreements to which the U.S. is a party because most require that the owner of a patent be able to prevent third parties from importing the product without their consent.

This legislation would dangerously decrease the overall quality of drug products that consumers purchase, sabotage the regulatory system, and conflict directly with U.S. patent and trade agreements. All without lowering prescription drug prices.

I urge my colleagues to vote ''no'' on H.R. 2427.

Mr. FRANKS of Arizona. Mr. Speaker, a wise man once said, ''markets are more powerful than governments.'' Ronald Reagan believed in the power of a free market system. He believed that the market is a model for growth throughout the world. That is why I rise today in support of H.R. 2427, the Pharmaceutical Market Access Act. As a co-sponsor of this legislation, I believe this bill breaks open a market that currently does not exist. We live in a terrible anomaly where Americans continue to pay drug prices that are 30 to 300 percent more than in European and other industrialized nations. Over the next 10 years, seniors will spend $1.8 trillion on prescription drugs. That is a shocking statistic—one that will cause prescriptions to go unfilled because prices are too high in the United States. But, if seniors had access to world market drugs, they would save 35 percent, or $630 billion. We, as American consumers, have the power to knock down this unfair barrier to growth and freer access to pharmaceuticals.

The Opponents of this legislation will tell you that this legislation will bring dangerous drugs into this country. They will tell you that it allows for faulty packaging and poor shipping conditions. They will tell you that this legislation forces American consumers to risk their own health. None of these claims are true. The Pharmaceutical Market Access Act contains language written by people at the FDA that requires that each pharmaceutical shipment be tested, unless the package already uses counterfeit-resistant technology. This kind of technology is the same technology that the U.S. Department of the Treasury uses to secure U.S. currency. And, more importantly, market access would be limited to 25 industrialized nations, such as Canada, Australia, Japan, Norway, Switzerland and New Zealand. The FDA will implement a system to allow Americans access to FDA-approved drugs from FDA-approved facilities.

Today, we prohibit Americans access to other markets, but other products in the consumer chain—like, fruit or meat—are allowed. This is or opportunity to codify our fundamental right to open pharmaceutical markets and allow seniors to keep more of their hard-earned dollars in their pockets. This is our opportunity to give pharmaceutical companies the leverage that they need to knock down barriers, and more importantly, to knock down price controls. In the long run, this will be better for pharmaceutical companies and better for American consumers. I commend Mr. GUTKNECHT for being a champion of this important issue and I urge my colleague to support this effort.

Mr. KNOLLENBERG. Mr. Speaker, I rise today to urge my colleagues to protect the well-being of the American people by voting against H.R. 2427, the Pharmaceutical Market Access Act, which would allow the re-importation of drugs.

It is estimated that more than 10 percent of drugs worldwide are counterfeit, and in some countries, more than half the drug supply is fake. We have seen in this country the tragic consequences of counterfeit drugs.

For example, many American AIDS and cancer patients were victims of a counterfeit version of the injectible medication, Procrit. Hawked as the life-prolonging Procrit, the counterfeit drug proved to be lethal, non-sterile tap water. How many more cases like this will we experience with re-importation?

In fact, multiple FDA commissioners have declared, ''Consumers are exposed to a number of potential risks when they purchase drugs from foreign sources.''

I sincerely appreciate my colleagues' efforts to make prescription drugs more accessible. However, this pursuit of accessibility compromises the health and safety of American citizens. I encourage all my colleagues to ensure the safety of our citizens by voting against H.R. 2427.

The SPEAKER pro tempore (Mr. LAHOOD). All time for debate has expired.

Pursuant to House Resolution 335, the bill is considered read for amendment, and the previous question is ordered.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT OFFERED BY MR. DINGELL

Mr. DINGELL. Mr. Speaker, I offer a motion to recommit.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. DINGELL. Most vigorously so, Mr. Speaker.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Dingell of Michigan moves to recommit the bill, H.R. 2427, to the Committee on Energy and Commerce.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The motion to recommit was rejected.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. TAUZIN. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on passage will be followed by a 5-minute vote on the motion to instruct on H.R. 1308, if ordered.

The vote was taken by electronic device, and there were—ayes 243, noes 186, not voting 6, as follows:

[Roll No. 445]

AYES—243

Abercrombie
Ackerman
Aderholt
Allen
Baca
Baird
Baldwin
Ballance
Bartlett (MD)
Bass
Becerra
Bell
Bereuter
Berkley
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Bono
Boozman
Boswell
Boucher
Boyd
Brady (PA)
Brady (TX)
Brown (OH)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Burton (IN)
Capito
Capps
Capuano
Cardoza
Carson (IN)
Case
Castle
Clay
Conyers
Cooper
Costello
Cramer
Crowley
Culberson
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis (TN)
Davis, Jo Ann
DeFazio
Delahunt
DeLauro
DeMint
Deutsch
Dicks
Doggett
Doyle
Duncan
Edwards
Ehlers
Emanuel
Emerson
Engel
Evans
Everett
Fattah
Filner
Flake
Forbes
Frank (MA)
Franks (AZ)
Frost
Garrett (NJ)
Gilchrest
Gonzalez
Goode
Goodlatte
Gordon
Green (TX)
Grijalva
Gutknecht
Harman
Hastings (FL)
Hastings (WA)
Hayworth
Hensarling
Hinchey
Hinojosa
Hoeffel
Hoekstra
Holden
Hooley (OR)
Hoyer
Hunter
Hyde
Inslee
Israel
Istook
Jackson (IL)
Jackson-Lee (TX)
Janklow
Jenkins
Johnson (CT)
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Kennedy (RI)
Kildee
Kilpatrick
Kind
King (IA)
Kingston
Kleczka
Kolbe
Kucinich
LaHood
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
LaTourette
Leach
Lee
Levin
Lewis (GA)
Lipinski
Lowey
Lucas (KY)
Lynch
Majette
Maloney
Manzullo
Markey
Marshall
McCarthy (NY)
McCollum
McDermott
McGovern
McHugh
McInnis
McKeon
McNulty
Meehan
Mica
Michaud
Miller (MI)
Miller (NC)
Miller, George
Mollohan
Moore
Moran (KS)
Moran (VA)
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Neugebauer
Northup
Oberstar
Obey
Olver
Ortiz
Osborne
Otter
Owens
Pallone
Paul
Pelosi
Peterson (MN)
Peterson (PA)
Petri
Platts
Pomeroy
Rahall
Ramstad
Rangel
Rehberg
Renzi
Reyes
Rodriguez
Rohrabacher
Ross
Roybal-Allard
Royce
Ruppersberger
Ryan (OH)
Ryan (WI)
Sabo
Sanchez, Linda T.
Sanders
Sandlin
Schakowsky
Schiff
Schrock
Scott (VA)
Sensenbrenner
Serrano
Shadegg
Shaw
Shays
Sherwood
Shuster
Simpson
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Snyder
Solis
Spratt
Stark
Stenholm
Strickland
Stupak
Tancredo
Taylor (MS)
Taylor (NC)
Thornberry
Tierney
Toomey
Turner (TX)
Udall (NM)
Van Hollen
Velazquez
Vitter
Wamp
Waters
Watson
Watt
Weiner
Wexler
Wicker
Wilson (NM)
Wolf
Woolsey
Wu
Wynn
Young (FL)

NOES—186

Akin
Alexander
Andrews
Bachus
Baker
Ballenger
Barrett (SC)
Barton (TX)
Beauprez
Berman
Biggert
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bradley (NH)
Burgess
Burns
Burr
Buyer
Calvert
Camp
Cannon
Cantor
Cardin
Carson (OK)
Carter
Chabot
Chocola
Clyburn
Coble
Cole
Collins
Cox
Crane
Crenshaw
Cubin
Cunningham
Davis (FL)
Davis, Tom
Deal (GA)
DeGette
DeLay
Diaz-Balart, L.
Diaz-Balart, M.
Dingell
Dooley (CA)
Doolittle
Dreier
Dunn
English
Eshoo
Etheridge
Farr
Feeney
Ferguson
Fletcher
Foley
Fossella
Frelinghuysen
Gallegly
Gerlach
Gibbons
Gillmor
Gingrey
Goss
Granger
Graves
Green (WI)
Greenwood
Hall
Harris
Hart
Hastert
Hayes
Hefley
Herger
Hill
Hobson
Holt
Honda
Hostettler
Houghton
Hulshof
Isakson
Issa
John
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Keller
Kelly
Kennedy (MN)
King (NY)
Kirk
Kline
Knollenberg
Latham
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lofgren
Lucas (OK)
Matheson
Matsui
McCarthy (MO)
McCotter
McCrery
McIntyre
Meek (FL)
Meeks (NY)
Menendez
Millender-McDonald
Miller (FL)
Miller, Gary
Murphy
Nethercutt
Ney
Norwood
Nunes
Nussle
Ose
Oxley
Pascrell
Payne
Pearce
Pence
Pickering
Pitts
Pombo
Porter
Portman
Price (NC)
Pryce (OH)
Putnam
Quinn
Radanovich
Regula
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Ros-Lehtinen
Rothman
Rush
Ryun (KS)
Sanchez, Loretta
Saxton
Scott (GA)
Sessions
Sherman
Shimkus
Simmons
Smith (TX)
Smith (WA)
Souder
Stearns
Sullivan
Sweeney
Tanner
Tauscher
Tauzin
Terry
Thomas
Thompson (CA)
Thompson (MS)
Tiahrt
Tiberi
Towns
Turner (OH)
Udall (CO)
Upton
Visclosky
Walden (OR)
Walsh
Waxman
Weldon (FL)
Weller
Whitfield
Wilson (SC)
Young (AK)

NOT VOTING—6

Ford
Gephardt
Gutierrez
Jefferson
Pastor
Weldon (PA)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. LAHOOD) (during the vote). Two minutes are left to vote.

□ 0251

Mr. SMITH of Texas changed his vote from ''aye'' to ''no.''

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2861, DEPARTMENTS OF VETERANS AFFAIRS AND HOUSING AND URBAN DEVELOPMENT, AND INDEPENDENT AGENCIES APPROPRIATIONS ACT, 2004

Mr. HASTINGS of Washington, from the Committee on Rules, submitted a privileged report (Rept. No. 108–236) on the resolution (H. Res. 338) providing for consideration of the bill (H.R. 2861) making appropriations for the Departments of Veterans Affairs and Housing and Urban Development, and for sundry independent agencies, boards, commissions, corporations, and offices for the fiscal year ending September 30, 2004, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2859, EMERGENCY SUPPLEMENTAL APPROPRIATIONS FOR DISASTER RELIEF ACT, 2003

Mr. HASTINGS of Washington, from the Committee on Rules, submitted a privileged report (Rept. No. 108–237) on the resolution (H. Res. 339) providing for consideration of the bill (H.R. 2859) making emergency supplemental appropriations for the fiscal year ending September 30, 2003, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION WAIVING REQUIREMENT OF CLAUSE 6(a) OF RULE XIII WITH RESPECT TO SAME DAY CONSIDERATION OF CERTAIN RESOLUTIONS

Mr. HASTINGS of Washington, from the Committee on Rules, submitted a privileged report (Rept. No. 108–238) on the resolution (H. Res. 340) waiving a requirement of clause 6(a) of rule XIII with respect to consideration of certain resolutions reported from the Committee on Rules, which was referred to the House Calendar and ordered to be printed.

MOTION TO INSTRUCT CONFEREES ON H.R. 1308, TAX RELIEF, SIMPLIFICATION, AND EQUITY ACT OF 2003

The SPEAKER pro tempore. The unfinished business is the question of agreeing to the motion to instruct on the bill, H.R. 1308.

The Clerk will designate the motion.

The Clerk designated the motion.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from Arkansas (Mr. ROSS) on which the yeas and nays are ordered.

Without objection, this will be a 5-minute vote.

There was no objection.

The vote was taken by electronic device, and there were—yeas 202, nays 214, not voting 19, as follows: